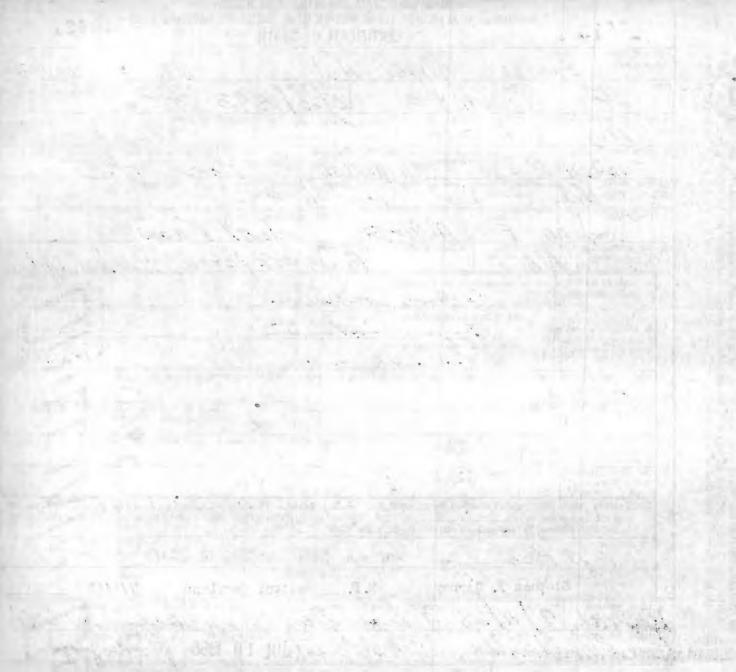
	MAKYLAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	10613 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	-
lī	DECEASED NAME First Middle Lost , 20. DATE OF DEATH	2b. HOUR
	(Type or print) Eloise Miller ANDREWS JULY 9 1968	1155pm
3	SEX 4. RACE S. DATE OF BIRTH 6. AGE for years IF UNDER YEAR NOWTHS DAYS	IF UNDER 24 HRS. HOURS MIN
-	G. BIRTHPLACE (State or foreign 7b. CITIZEN) OF WHAI COUNTER? 8. MARPHEN NEVER MAPPIED 9. COUNTY OF DEATH	
ľ	a. BIRTHPLACE (State or foreign of WHAT COUNTRY)  A WIDOWED DIVORCED 9. COUNTY OF DEATH  WIDOWED DIVORCED	Md.
181	O. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast at working life, even if retired.)  12. USUAL OCCUPATION (Kind of work dane during mast at working life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast at working life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast at working life, even if retired.)	USINESS OR
- 1	3a. USUAL RESIDENCE (Where deceased lived, if institutions Residence before 13c. CITY, OR TOWN 13a. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
0	drission) STATE Md. 136. COUNTY DOV HUHOCK YES NO	
	4. FATHER'S NAME First Middle Miller St. MOTHER'S MAIDEN NAME First Middle	Last
1	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes gre sydror dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT  M. Since E Andrews Hurlock.	nd.
1	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	IATE INTERVAL
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Certifical wasulities 2 mm	meth
	4129 DUE TO, OR AS A CONSEQUENCE OF	1
4	(anditions, it any, which gave) (b) Lufus engtherators 2 m	utts
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
1	last 420 (1) Procesum anucle 10 m	merso
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  A. S. H.D.	
1	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CEL	RTIFYING
3	190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NOT CAUSES OF DEATH?  210, ACCIDENT WAS UNDERLYING 1216, TIME OF INJURY 1216, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, notify medical examiner) P.M. 19  2 Id INTURY OF CHIRDED 2 To PLACE OF INTURY (AT NOME FARM STREET, FACTORY.) 216 LOCATION Street or R.F.D. No. (ity or Town) County	
	21d. INJURY OCCURRED While Not while at work at work at work.  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	State
	220   certify that (1) (this hospital) attended the deceased from 29 Oelice, 1968, to Orien 7, 1968, that	(f) (we) lost
	sow the deceosed alive on 1964, and that in (my) (aur) apinion deoth occurred an the date and haur a couses stated abave, (1) (we) (did) (did not) view the bady after deoth.	ind fram the
1	22b. SIGNATURE  DEGREE PHYS.	· V
Л	DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS	, 0
1	NAME (Type) Stephen P. Carney M. D. Easton, Maryland 7/8/68	
	230 BURIAL CREMATION, 235 DATE 11/68 230 MATTER CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Coronty)	(State)
1	ADDRESS ADDRESS REGISTRAR 250. REGISTRAR'S SIGNATURE	
	and Mind will be the libert lines of the	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10022 CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE OF DEATH 2b. HOUR Gentrude Phelps Arter (Type or print) 3. SEX 4. RACE 5. DATE OF BIRTH 5/22/1870 IF UNDER I YEAR 6. AGE (In years los Quinhay) White Female The law requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State at fareign country) Ohio 76. CITIZEN, OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Talbox WIDOWED X DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give stree Configs.) Doven St. 120. USUAL OCCUPATION (Kind of work done during more as to be supplied) 10. CITY\_OR TOWN OF DEATH 12b. KIND OF BUSINESS OR caston INDUSTRY please remove carban and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c\_CITY OR TOWN 13d. INSIDE CITY LUMITS? 277 C. Dover St. 13b. COUNTY albox STATELONILand Easton YES TO NOT Middle 15. MOTHER'S MAIDEN NAME First Phelps Ina W: Harriett Palmer Theodore J. Arter, Baton Houge, La. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yas, no, ar unknown) ar remayal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. remercine poulo DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) as the priar to has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? ed far use of Health p YES 🗀 NO [ this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. Gity or Town State County While Not while at work 22a. I certify that (I) (this hospital) attended the deceosed from \_\_\_\_\_\_\_\_, 19 68 , that (I) (we) lost saw the deceased olive an \_\_\_\_\_\_\_\_, ond that in (my) (our) opinion death occurred on the dote and hour and from the TO FUNERAL DIRECTOR: After director, page 3 shauld shauld be filed with the couses stated above, (1) (wa) (did) (did nat) view the body after death 22c. DATE SIGNED 7-3-68 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S P.O. Box 929, Easton, Md. 21601 NAME (Type) Stephen P. Carney, A.B 239 NAME OF CEMETERY OR CREMATORY A Shtabula 23a. BURIAL, CREMATION REMOVAL SOCIETY 23d. LOCATION (City or Town) (County) (State) Ashtabula, Ohio 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR E. NEWNAM & SON, Easton, Md. VR A15 (4) Ochanles 5 1968 30M REV. 1/68

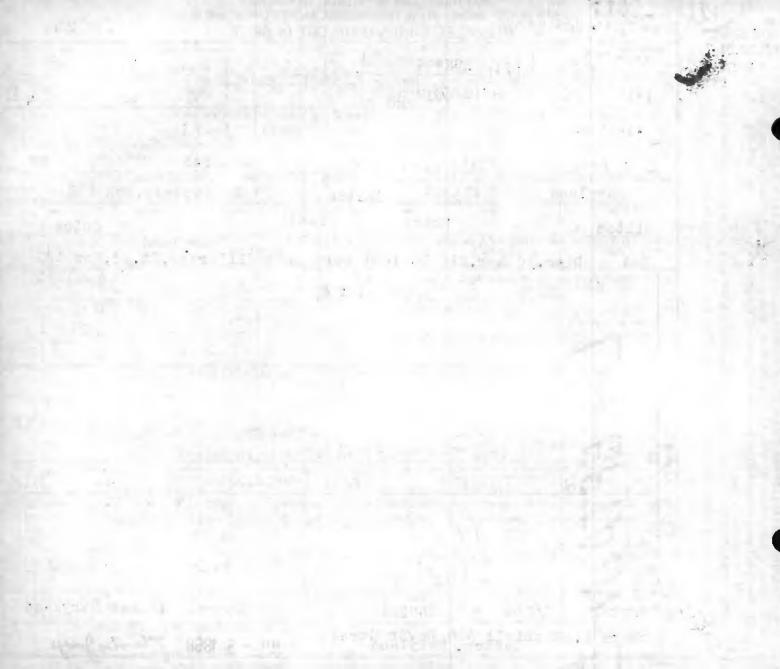
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(Type or Print)	*3
DEPT.  1. DECEASED-NAME (Type or Print)  20. DATE KNOWNED Month Doy OF ESTI- DEATH MARTED JULY 21	
(Type or Print)	
DEATH MATER OF THE STATE OF THE	Year 2b. HOUR
3. SEX A RACE 5. DATE OF BIRTH, 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	168 A
MALE WHITE 12/12 1954 9 YRS. MONTHS DAYS HOURS MIN Month of Day 24 Year,	968 13 DN
70. BIRTHPLACE (State or foreign   76. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWED   DIVORCED   The both	1 M
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most dwarking life, even if retired.)  120. USUAL OCCUPATION (Kind of wark dane libb. KIND during most dwarking life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most dwarking life, even if retired.)  120. USUAL OCCUPATION (Kind of wark dane libb. KIND of the library	OF BUSINESS OR
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 2 CITY OR TOWN 133 INSIDE CITY JUNI 139. STREET AND NUMBER admission) STATE COL, 13b. COUNTY LNK, DENVISOR YES NO 133 CERTAIN NUMBER	st 5t.
14. FATHER'S NAME First Middle Last Is MOTHER'S MAIDEN NAME First Middle Cobes  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  (Yes, naker unknown) (If yes give wor or dates of service)	Last
16a; WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
(Yes, nather unknown) (11 yes give war or dotes of service) Rhyll&M. Harman 1737 tare mont St. D	DEWLIERCH
18. LAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	ROXIMATE INTERVAL EN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) HEAD INJURY	
8/4, DUE TO, OR AS A CONSEQUENCE OF	
Canditians, if any, which gave is rise to immediate cause (a). (b) AUTO ACCIDENT	
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
12/14	
190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)	UTOPSY?
WAS PERFORMED?	ES NO X
	CAR
₹ 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City at Tawn Caunty	State
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WHILE AT WORK AT WORK RT 331 DOVER BRIDGE NR EASTON  22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .  ACTUAL SIGNATURE	
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County   C	
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0 1 1 10	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE Item#5	5, FilmG402 7/10 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0025
HEALTH DEPT. I. DECEASED	MEDICAL EXAMINER & CERTIFICATE OF DEATH	Doy Year 2b. HOUR
Type or	Print of regit	2 1968 4
Poge at 2 stx	4. RACE , S DATE OF BIRTH 16. AGE (IN years IF UNDER I YEAR IF UNDER 24 HRS 12c DATE PRONDLINGED DEAD	2d HOUR
2, and 3 the portion of the property of the pr	8/10/6939 Last birmday) MONTHS DAYS HOURS MIN Month Doy	Year 19 68 12 DM
70. BIRTHPL	ACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	1100112
country) Ma	aryland USA WIDOWED DIVORCED TAL DOT	Me
affer death along with the State De eath.  No ALID '0!  SW.(Atuno)	a f t give street address) / / / / / / / / / / / / / / / / / /	2b. KIND OF BUSINESS OR
the we do	HOTON PENORIHI (TOSPITAL LABORET	None None
odmission	RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN) 13d HISTOE CITY LIMITS? 13e. STREET AND NUMBER ROUTE#3, Box	182
Ta. FATHER'S	Tool - Mozio	Lost
Mil Mil	Lton	Price
프로 호프 (Tes, no, o	CEASED EVER IN U.S. ARMED FORCES 7 064 16b. SOCIAL SECURITY NO. 17. INFORMANT Easton, Marylogues of tourist of Disc. 30 Apr. 215 36 1601 Cora Brummell, Brice, Rt. #3.	Box 182
	AUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (c)	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
be executed "pending" in lief Medical E insit permit. E event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5. N. N. CECAR	
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2000	2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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CAL EXAMINER: execute the certion. Page 4 shauld for your files. CTOR: Page 3 shau burial, cremation, medical medical.	foctory, offige building, etc.)	County Stote
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recture of the control of the contro	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection Z Inquiry	and in my apinian
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	leath resulted fram: Natural causes , Accident , Suicide Hamicide , Undetermined manner	
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No sign	JAL Legis Method CHIEF MEDICAL EXAMINER ( 22h DATE SIG	GNED &
DEPUTY The funeral	CHIEF MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  CHIEF MEDICAL EXAMINER  22b. DATE SIGN  ADDRESS(Street, city, town, or county)	GNED Y-6 &  County) y (Store) d  Maryland





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH 1 DECEASED-NAME M. ddle Last 2b. HOUR First death. (Type or print) en signed by the attending physician and campletely filled in By the fur burial-transit permit. Then please remove carbon papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 hours after 3 SEX 4 RACE IF UNDER I YEAR after lost birthday) NEORO 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH The law requires that the death certificate be executed within 24 hays MARRIED NEVER MARRIED rginia USA WIDOWED DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired) None give street oddress) 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3e. STREET AND NUMBER L13c CITY OR TOWN 13d INSIDE CITY L M TS? 13b. COUNTY Norfolk Portsmouth Temple St. 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Last Crowell, Sr. Georgianna Faulks Ben Portsmowth, Virginia 16b SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, go, ar unknown) 719 01 1423 Bernice Diggs 305 Woodstock St. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [7 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street of R.F.D. No. City or Town County State While Nat while at work at wark O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from B. Scale, 19 Cod., to Gyrdy, 19 CF, that (I) (we) lost saw the deceased alive an 1960, and that in (my) (our) opinion death accurred on the date and hour and from the causes stoted obove. (1) (we)(4rd) (did not) view the body after death. 22c. DATE SIGNED 22b SIGNATURE MED DIRECTOR STAFF 7-6-4 DEGREE PHYS. PHYS 22e. ADDRESS 22d. PHYSICIANG NAME (Type) Carney Memorial Hospital, Easton, Md. 23d LOCATON (City of John) Norfolk Portsmouth Norfolk 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23g BUR AL CREMATION, (State) REMOVAL (Specify) Va. Lincoln 7-13-68 426 Down St. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) LEaston, Md.21601 1968 DAILUI - 9 30M REV, 1/68

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	17t	tem 21 Film 402 MAKYLAND STATE DEPARTMENT OF HEALTH -25-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	200
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	229
HEALTH DEPT.			Day Year 25 HOUR
\$ m	3 S		Year 19 2d HOUR
s 1, 2, 2, orm P		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   NOTICE   1	Md.
ofter death ny de 3. Give Poges 1, 2, and all all all all all all all all all al	,0 (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to 120, USUAL OCCUPATION (Kind of work done 1)	26 KIND OF BUSINESS OR NDUSTRY
hours ofter fem 18. Giv Office long 1 and 2 with t	13a	USUAL RESIDENCE (Where deceased lived, if institut an Residence perfore 13c. CITY OR TOWN , V3d MSDE CITY LIMITS? 13e STREET AND NUMBER distribution 13b COUNT DECEMBER GRASON VILLES & NO	
hin 24 hours notil in Item niner's Office poges\land2 hours after o	14	FATHERS NAME First Middle Lost IS MOTHERS MA DEN NAME First Middle WALTON THOMPSON EVA E.	DADDS
This certificate should be executed within 24 hours ofter death cate, writing the word "pending" in pencil in Item 18. Give Pograbe forwarded to the Chief Medical Examiner's Office long with 16 be used as a burial-transit permit. File pages land 2 with the State removal, and in any event within 72 hours after death		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 72 / ADDRESS Y	RASONVILLE
INER: This certificate should be executed within 2 se certificate, writing the word "pending" in pencil is should be forwarded to the Chief Medical Examiner files.  3 should be used as a bunol-tronsit perm.t. File pages notion, or removol, and in any event within 72 hours		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LEAR M(W/Y)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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is certificate te, writing the forwarded to e used as a b removol, ond	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY?
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CAL EXAMINER: This execute the certificate for. Page 4 should be fed for your files. CTOR: Page 3 should be buriol, cremotion, or re	MEDICAL	PRIMARY OR CONTRIBUTING 1:50 7-14 1968 Talked into path of car  [21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or RFD. No City or Jown	Caunty State
XAM te th ge 4 your age crem		WHILE MOT WHILE ACTORY Office by dring etc.)  AT WORK AT WORK THE 50 % Jackson Rd. Grasonville Q.A	Md.
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O DEPUTY necessary, the funero 5 may be O FUNERA Health pr	220	NAME (Type)  ADDRESS(Street, city, tawn, ar county)	
6	230	BURIAL JULY 17 STEVENSVILLE STEVENSVILLE	MD.
VR ATSME (5)	Z	FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  250 RECID BY REGISTRAR 250 REGISTRAR 5 50  ADDRESS  ADDRE	



Vi -		MARYLAND STATE DEPARTMENT OF HEALTH	
A		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	29
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	~ 0
HEALTH_DEPT.		ECEASED-NAME First Middle .ost 2a DATE KNOWN Month Do	oy Year 2b HOUR
5 D 8 = 40	(	Type or Print) Virgin Marie Death MATED 7 5	5 168C84M
5 m 2 ts	3 5	EX 4 RACE S DATE OF RIGHTH 6 AGE (to years I IF LINDER 1 YEAR   IF JINDER 24 HRS 2c DATE PRONOLINGED DEAD	2d HOUR
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Pp. 27		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY?   B MARRIED NEVER MARRIED   9. COUNTY OF DEATH	
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£ 5 7 2	10 0		b. KIND OF BUSINESS OR
Give Poges ang with for th the Stark	11	KANYEMINS EASION MEMORIAL MOME	SUSTE WIFE
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Hem 11 Office land 2 after d	14, [	ATHER'S NAME First Middle Last IS MOTHER'S MA DEN NAME First Middle	Last
24 haurs in Item 1 r's Office es land 2 is after d		UNK" BESSIE	UALKER
within 24 haurs are pencil in Hem 18. xaminer's Office oli ile pages land 2 wi 72 hours after dec		WAS DECEASED EVER N L S ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS  (es, no, op unit newton) [II yes give wor or dates of service)	413
w.t n pe Exan File		JOSEPH M. DARTER A	- 1,3
should be executed w.t. s ward "pending" in pe the Chief Medical Exar urial-transit permit File in any event within 72		B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),  PART I DEATH WAS CAUSED BY	APPROX MATE INTERVAL RETWEEN ONSET AND DEATH
is certificate shauld be executed to, writing the ward "pending" is farwarded to the Chief Medical I e used as a burial-transit permit remayal and in any event within Y.		IMMEDIATE CAUSE (a) TICK IT OF SE VE VE IN KITES	Junited
end end it p		8/2. / DUE TO, OR AS A CONSEQUENCE OF . / /	
hiel ans		Cand trans, if any, which gave nose to immediate couse (a), (b) UKJO ACCIMANT	
ord and and li-tr		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be en ward "per or the Chief" burial-transit		lost (c)	
te the troop of th		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fira ing rdec as	2	116 r	
writh wall sed ava	18	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
this certificate is cate, writing the forwarded to be used as a burr remayal and	CERTIFICATION	WAS PERFORMED?	YES NO DE
ficat the per or or		210 EXTERNAL CAUSE WAS 210 T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	18)
tNER: Te certific should be files. 3 should lation, or	MEDICAL	PRIMARY FOR CONTRIBUTING PAUL AM 7-5 1968 PRISS IN VCAV CEILIS	51041
shaufiles. 3 sha	MED	21d NJURY OCCURRED 21e PLACE OF NJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. (Tylor Tawn	County Stote
TY DICAL EXAMINER: The certificated director. Page 4 should be be retained for your files.  AL DIRECTOR: Page 3 should by prior to buriol, cremotion, or		AT WORK AT WOR	had
L EXA cecute Page far yai NR: Pag		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinion
bur Ed.		death resulted from: Natural causes 🔲, Accident 🔯, Suicide 🔲, Homicide 🔲, Undetermined monner 🗌	
please I director retained I DIREC		CHIEF MEDICAL EXAMINER	
ry pl		SIGNATURE Of the 1 Medical examiner 226 DATE SIG	SNED
o DEPUTY  necessary, please es the funeral director. 5 may be retained 0 FUNERAL DIRECTOR Health prior to buy		EXAMINER'S NAME (Type)  DEPUTY MEDICA. EXAMINER ADDRESS(Street, cty, town, or county)	7-68
Te Hee	230		ounty) (Stote)
	B	SEMOVATION 17-9-68 Heliuston NATL Heliuston	VA.
	24	FUNFRAL DIRECTOR 250 REGISTRAR S SIG	NATURE
VR A15ME (5) 10M REV 1/68	IA	ohn M. Jay Tor + forus allingoolis, Mdo UL - 8 1968 Peliantes	Judge



	CERTIFICATE OF DEATH	7.747
	DECEASED NAME (Type or poor)  Ora  Middle  Dongwan  20 Date Of Death  Month  Pog	year 25 Hour M
	female  4 RACE  white  S DATE OF BIRTH  Oct. 9, I888  6 AGF (In years lost bightgay)  VRS  MOI	UNDER YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN
්රී	BIRTHPLACE (Stote or foreign   7b (ITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital   12a USJA. OCCUPAT ON (Kind of work done	Md.
	Easton, I.I.d. give street address) Hospital during mast power (working Wilestell retired)  2 USJAL RESIDENCE (Where deceased lived, if institut an. Residence before 13c CITY OR TOWN 13d INSIDE CITY UMITS? 13e STREET AND NUMBER	12b. KIND OF BUSINESS OR INDUSTRY
odi	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	
L	Charles W. Smith Tamsey Jane Sullivan	Last
10	Yes, no, or unknown) (11 yes give wor or doing of service) 215-48-3789 Ruth D. Mitchell Denton,	Ind.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARCINIMA OF CONKNOWN SITE	BETWEEN ONSET AND DEATH
	Canditions, it ony, which gave to immediate cause (a).  Due TO, OR AS A CONSEQUENCE OF  (b)  (b)	?
	stoting the underlying couse DDE 10, OK AS A CONSEQUENCE OF	
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	DODGO NI CENTONIO
CERTIFICATION	190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  VES NO CAUSES OF DEATH?	
MFDICAL CE	Or CONTRIBUTING   CAUSE OF DEATH   HOUR A.M   Month Doy Year   19	
2	White Not white O OFFICE BLILDING, ETC	aunty State
	22a. I certify that (I) (this haspital) ottended the deceased from July 9, 1968, to July 19, 1968 saw the deceased alive on July 19, 1968, and that in (my) (our) opinion death occurred on the date causes stated above, (I) (we) (did) (did nat) view the body after death.	
	22b. SIGNATURE  22b. SIGNATURE  ATTENDING  MED  STAFF  PHYS.  7/	a/68
	22d PHTSICIANS NAME (Type) Dorsett D. Smith, M.D.   22e ADDRESS Easton, Md. 21601	
23	7-21-68 Hillcrost Cameley Federalshing Ca	
24	FUNERAL DIRECTOR 250 RECO BY REGISTRAR 256. REG STRAR'S SIGNAL DATEJUL 2 4 1968 JOHNNEY	as Judge



		MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
2 62	1. D	EFFASED-NAME First Middle Lost 20, DATE OF DEATH 2b, HOUR
death neral and 2 death		The Flore of pnnt FLORENCE FLOUNDERS Limited Day 1896 8 P
5 5	3 5	X 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
E (# DE)		JULY 27, 1887 lost dishdory YRS. Mantris CAYS HOURS MIN.
hauri 2 Hou		BIRTHPLACE (Stote or foreign 7b. CHTIZEN OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   9. COU
Filled III 72 Paper Phin 72	10.	TITY OR TOWN OF DEATH 111 NAME OF HISSPITAL OR INSTITUTION (If not in bosontal 12a USUAL OCCUPATION (K md/af work done 12b KIND OF BUSINESS OR
with refy ban	2	ST NICHAELS give street all dessito VISTA during mast of washing title, even if ret red ) INDUSTRY
executed within 24 haurs after death campletely filled in by the uneral emove carban papers Pers I and 2 any event, within 72 hours after death		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY AROLD A STATE YES NO
are De exection of the control of th	14	FATHERS, NAME FIRST MIDDLE ROST IS. MOTHERS MADEN NAME FIRST Middle LEWIS
and it is	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117 INFORMANT Addres Con S DOWN PA
val. o		(es, naxor (Althourn) (11 yes give war or dates of service) NOS. WILLIAMS, 66 W. MARSHALL Rd.
ng F The		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
laafl endi mit arr		PART I. DEATH WAS CALSED BY: IMMEDIATE CAUSE (a) CONOR VOSCULTON DECIDENT KOULDS
pen att		450 . T DUE TO, OR AS A SANSEQUENCE OF
that the an. by the fransit p		Conditions, if any, which gave rise to immediate cause (a),
EHYSICIAN: The law requires that the death certifice hospital or attending physician. his certificate has been signed by the attending phystached for use as the burial-transit permit. Then Dept. af Health prior to burial, crematian, ar remaya		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF STORY OF THE COURSE
enuires 1 physicia signed 1 burial-fr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ing ing ien tat	×	allvanced senile changes.
s be	CERTIFICATION	19g DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
4 5 8 4 X	E	AFZ NO NO
IAN: tal or ficate far or	ਤ	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)  10 either, notify medical examiner)  11 either, notify medical examiner)
hospin certiched ched	MEDI	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREE, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town. County Stote
the this deta	П	at work at work
by frer be Stat	П	22a. I certify that (I) (this haspital) attended the deceased, from (I) (we) last
R: A		saw the deceased alive an 2 - 16 2, and that in (my) (ear) apinion death accurred an the date and haur and from the causes stated above, (I) (we) (did not) view the body after death.
OR ATTENDING De retained by the NRECTOR: After e 3 should be ded with the State		22b GONTURE MALO
V be v be of v		DEGREE ATTENDING AMED STAFF TO 7-9-68
HOSFITAL OR ATTENDING PHYSICIAN: Jage 4 may be retained by the hospital or FUNERAL DIRECTOR. After this certificate irector, page 3 should be detached for us hauld be filed with the State Dept. af Health		NAME (Type) Seey M Reesen & SMichaels Md
Page 4 may be retained by the hospital or attending physican.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 should be detached for use as the burial-transit permit Then p should be filed with the State Dept. af Health prior to burial, crematian, ar remaval,	250	DELITAL CREMATION, 286 DATE 23c NAME OF CREMETERY OF CREMATORY 23d LOCATION (City or Town) (County) (Store)
	24.	FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE
30M REV 1/68		CATICLES MODICE VENTON DATEJUL 31 1968 PCharles Judge

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. / ]	1	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	2.7
		tem 1 Film, G4:2 7, 22/68 vmp CERTIFICATE OF DEATH	Α
8-8 -#-	1. D	ECEASED NAME First Middle D last 2a DATE OF DEATH Manth Day	Year 2b Hour 930 N
	3 5	FEMALE CULORED JAN. 15 1911 lost buritdoy) yrs MO	UNDER I YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN
		BIRTHPLACE (State or foreign AB- 1/4 Nd V. S. A WIDOWED DIVORCED Tathart COUNTY OF DEATH WIDOWED DIVORCED TO TATHART COUNTY OF DEATH	) O; Md
j		EASTON, Md give street address) Hospital during most of working life, even if retired.)	26 KIND OF BUSINESS OR INDUSTRY
1	13a. adır	LSUAL RESIDENCE (Where deceased lived, if institut an Residence before issua) STATE M & NSP COUNTY Q. A, Co. CENTREUME YES NOTE 134 INSIGN CITY LIMITS?  NSP COUNTY Q. A, Co. CENTREUME YES NOTE 154 NOTE 155 NOTE	
	L	FATHER STAME First Middle Smith 15. MOTHER'S MAIDEN NAME First Middle	Kilson
		WAS DECEASED EVER IN U.S. ARMED FORCES? (19 yes give war or dates of service)  16b SOCIAL SECURITY NO. 276-18-8487 M&S DOBETHY W.R. 3 1-4 dates C E	NTREVILE M
		18. CAUSE OF DEATH (Enter only one cause per line top (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cerular al Huroru Frace	APPROXIMATE INTERVA.  BETWEEN ONSET AND DEATH  SALVA
		435 TDUE TO, OR AS A CONSEQUENCE OF Candinians, if any, which gave)	
		nse ta immediate cause (a).  stating the underlying cause last.  (c)	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
31.	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?	DERED IN CERTIFYING
	MEDICAL CER	21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY COURRED (Enter nature of injury in Part 1 or Part 2, Item   10 contributing   cause of beath   HOUR A.M. Month Day Year   19   19	18.)
	MEL	21d INJURY OCCURRED While Not while of work at work of work at work of	aunty State
		22a. I certify that (I) (this haspital) attended the deceased from a factor, 1968, ta 13 factor, 1968 and that in (my) (ver) apinian death accurred and the date of causes stated above, (I) (we) (did (did not)) view the bady after death.	$\mathcal{L}$ , that (I) (we) la and haur and fram th
į.	L	226. SIGNATURE  / Lung for Warring M. D. DEGREE PHYS DIRECTOR DISTAFF DISTAFF 15	pely L8
1		22d. PHYSICIANS THURSTON HARRISON 22e ADDRESS Eas by king land	
	230	REMODELLE TIME TO THE STEEL F. ELD CEMP CENTREU. ILE	Caunty) (State)
) e u	24.	FUNERAL BIRECTOR 256. REGISTRAR 256. REGISTRAR'S SIG	NATURE Condage



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR p DECEASED NAME Last 2g. DATE OF DEATH (Type or print) ELSIE GARNN papers. Pages 1 hin 72 haurs after o 6. AGE (In years IF JNDER 24 HRS 3 SEX 4. RACE S DATE OF BIRTH IF UNDER I YEAR The law requires that the death certificate be executed within 24 haurs after and complytely filled in by the f remave carban papers. Pages last\_birthday) WHITE HOURS PEMALE 9-13-1896 YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED CHESTERTOWN DIVORCED [ WIDOWED SE TAT. BOT ED. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a. USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR give street address) INDUSTRY EAST ON 13a USLAL RESIDENCE (Where deceased lived, if institution Residence before 1482 CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY YES 🔀 director, page 3 should be detached for use as the buital-transit permit. Then please temave should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in bay ex-14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First ODFRE the attending physician sit permit. Then please 16g. WAS DECEASED EVER IN L.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (III yes give war or dates of service) Yes, no. or unknown). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) 1. 1 MIGHT. 84 Conditions, if any, which gove ) signed by the burial-transit p rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No State City or Town County While Not while at wark of work 22a. I certify that (I) (this hospital) attended the deceased from 3-13-00, 19 saw the deceased olive an 19-13-00 and that in (my) (our) or 1-12-00 that (1) (we) last ... ta 19 saw the deceased olive an. , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above. (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING MED. DIRECTOR 6 7-15-68 DEGREE PHYS 22d. PHYSICIAN S Box 929, Easton, Md. 21601 NAME OF CEMETERY OR CREMATORY 23d-LOCATION (City or Tawn) BUR AL, CREMATION 23b. DATE (County) Wesley OCK REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1968 30M REV 1/68



MARTLAND STATE DEPARTMENT OF HEALTH 19826 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10834 CERTIFICATE OF DEATH M.ddte 20. DATE OF DEATH I. DECEASED NAME First requires that the death certificate be executed within 24 haurs after death (Type or print) ENR OSEPH RANGE S. DATE OF BIRTH 4. RACE 3. SEX lost highdoy) March 18, 1897 White Male 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) WIDOWED [7] DIVORCED [ USA Indiana 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street oddress)
Memorial Hospital during most of warking life, even if retired)

Ret. Farmer INDUSTRY rentaval, and in any event, wit Easton Farming 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY LUMITS? 13b COUNTY Talbot odmission) STATE YES [ NO SE Bozman Middle IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last Veronica ----Peter Grange 17. INFORMANT 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, acunknown) 578-14-3368A Mrs. Elsie S. Grange, Bozman, Maryland 21612 APPROXIMATE INTERVAL affending 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND GEAR PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) ONSEQUENCE OF burial cremation. DUE TO, OR Conditions, if ony, which gave ) rise to immediate couse (o). A CONSEQUENCE OF stating the underlying couser Page 4 may be retained by the haspital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 O FUNERAL DIRECTOR: After this certificate has lleen director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH
(If either, natify medicol examiner) HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from 1968, 1968, to 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (H) (we) (did net) view the bady after death. 22¢ DATE SIGNED 22b SIGNATURE ATTENDING MED DIRECTOR DEGREE PHYS 7/29/68 Michaels, Maryland AME (Type) R. Lane Wroth M.D. 23d LOCATION (City or Town) 23a BURTAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) Talbot, Maryland July 29,1968 Woodlawn Cemetery Easton. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE UNERAL DIRECTOR VR A15 (4) 30M REV 1/68



	1	MARYLAND STATE DEPARTMENT OF HEALTH	2.0
4 T 2-234	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	330
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
III.		DECEASED-NAME (Type or Print)  A (1)  Middle Lost 20 DATE KNOWN A Month December 1 Company of Estilibration of Estilibration 7 3	Yeor 2b HOUR
y deloy, and 3 PM3 Pos artment	3 !		Yeor 1968 1 28 M
2 0		BIRTHPLACE (State or foreign 70 CTIZEN OF WHAT COUNTRY? B MARR ED THEYER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 7.21 6.1	
d within 24 hours after deoth my in pencil in Item 18 Give Pages 1, 2, c Exominers Office along with form PN. File pages 1 pages with the State Depart in 72 hours after death		CITY OR JOWN OF DEATH 1 NAME OF HOSP TAL OR INSTITUT ON ME not in hospital 1/20 LSLAL OCCUPATION (Kind of work done 1/2)	EL KIND OF BUSINESS OR
Give ong w th the	. 130	J.S. AL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e STREET AND NUMBER	521716
hours after death tem 18 Give Pag Office along with poetrain the Sta		odm ssion) STATE Md 13b COUNWicomico Pittsville YES NO RD2	
Trem of the state	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  DAVID GRAV NETTIE	Lost
thin 24 miners pages I hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS.	HORNER
with n pen Exom File p		(Yes, no, for unknown) (If yes give war ar dates al service) 214-42-8189/12 - PAUL D. GRAVPITT	LAINTS LID
be executed w.thun "pending" in pencil uef Medicol Exomine snsit perm.t. File pag eyent within 72 hau		PART I DEATH (Enter only one couse per line for (o), (b), and (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE (AUSE (a) Multiple Severe Injuries	APPROX MATE INTERVAL BETWEEN OWSET AND DEATH
pendingist Medico		DUE TO, OR AS A CONSEQUENCE OF	
l be J "po Transi		Conditions, if ony, which gove isse to immediate couse (o).  (b) Truck accident	
should be executed ne word "pending" in the Chief Medical burial-transit perm.t.		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in penal in Item 18 Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  3 should be used as a burial-transit perm.t. File pages 1 and with the State Discition, or removal, and in any event within 72 hours after death	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(0)	
writ rwor rwor rsed novo	CATIO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ote, oe fo be u	ATIFIC		YES NO 🔼
INER: This is cert ficote, should be fulles.  3 should be notion, or refu	WEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS 21b TIME OF NURY Month, Doy, Yeor PRIMARY OF CONTR.BUTING COLLISION W 21c HOW INLARY OCCURRED (Enter noture of njury in Port 1 or Port 2, Item driver of truck in collision w	vith another
	× =	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, at work At wo	QA Md
ICAL EXA execute for, Page ed for you CTOR: Pog burial, cre	1	22a   certify that I taak charge of the remains described above, held on Autopsy , Inspection 💢, Inquiry	and in my apinian
DICAL EXA please execute director. Page retained for you DIRECTOR: Pag or to burial, cre		death resulted fram: Natural causes, 🗌 , Accident 🗵 , Suicide 🗍 , Hamicide 🗍 , Undetermined manner 🗌	]
y, pleose rol directed the retoin (AL DIRE prior to		ACTUAL SIGNATURE ZOURS ( ) WILLY MD ASSISTANT MEDICAL EXAMINER ( ) 226 DATE SIG	SNED
		EXAMINER'S NAME (Type)  Welty for DEPUTY MEDICAL EXAMINER X ADDRESS (Street, city, town, or county)	58
necesso the fun 5 moy 70 FUNE Health	23/		ounty) (State)
		BNOVAL GREAT TILLE VILLE V	Vic MD
VR A15ME (5	24	Ama A. Burbage Beilin Ml 250 REC'D BY REGISTRAR 25b REGISTRAR SIG	
1014 REV 1748	1 /	IDAK - N THAN VOLCONIA. I	udar



1-3	N .	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1		±9628 CERTIFICATE OF DEATH
E 7E	1 D	CEASED-NAME First Myddle Lost 20 DATE OF DEATH 26 HOUR
death. and-2 death.	{	(ype or print) anna Rifecca Execo Month Day Green 47 M
ffer e fu	3 5	X 4. RACE 15 DATE OF BIRTH 6 AGE (in years FUNDER   HES
rrs o Programs ours	7	Ferrace 00 1111 7-1-82 75 YRS
within 24 haurs after by filled in by the furbon papers. Pages 1 within 72 hours after	(au	SIRTHP.ACE (Stole or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   11/19   MARY LAND   1/5 A   WIDOWED   DIVORCED   1/6 A
n 24 illed pap rin 7	10.	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/20, USUAL OCCUPATION (Kind of work done 1/26, KIND OF REISINESS OR
wrthi rely f bon with		FASTON, MD give street address) FMORIAL during most of working ite, even if retired) INDUSTRY
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e exe	14	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
rcate bo	160	THOMAS J. MARK MARY HAN WALBERTS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT, Address
		es, no ar unknown) (it yes give wor or dates at service) WM. GREEN - CENTREVILLE MD.
eath, and ending ph nit. Then or remova		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c) )  PART I. DEATH WAS CAUSED BY:
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PHYSICIAN: • haspital ar his certificate stacked far Dept. af Heal		21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year
Spit Spit Sertif ned 1. of	MEDICAL	(If either, notify medical examiner) P.M. 19  21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While - Not while -
NDING PHYSIC d by the haspit After this certi d be detached e State Dept. a	ı	While at wark at wark
by the fifter be de	П	22a I certify that (7) (this haspital), attended the deceased fram
ATTENDING stained by th crows After to shauld be di	ı	saw the deceased alive an 1965, and that in (ng) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the body after death
ATTE retaine ECTOR. 8 should with th		22b SIGNATURE 22c DATE SIGNED
L OR to be re be r	Н	Diction C Stating Decree ATTENDING DIRECTOR DIRECTOR PHYS G
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: directar, page 3 shauld shauld be filled with the		NAME (Type) WILLIAM LATIMER M.D. EASTON MARYLAND
HOS ge 4 ge 4 FUN recta	23a	BURIAL, CREMATION, 23b DATE , 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State)
07 01 pg 42		STURY JULY 3 CHESTERFIELD CENTREVILLE G.A. MD.
30M REV 168	24 .	ADDRESS  ADD
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7 7		DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201	12 1
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT	î D	DECEASED-NAME 4F rst / Middle / Ost / 20 DATE KNOWN Month D	Day Year 2b HOUR
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es es ion	MEDICAL	CAUSE OF DEATH P.M. 19	
	¥	21d INJURY OCCURRED 21e. PLACE OF INJURY (At name, form, street 21f. LOCATION Street or R.F.D. No.	County State
XAMINER: te the certif ge 4 should ywr files oge 3 shoul		WHILE MOT WHILE of factory, office building, etc.)	
DICAL EXAMINER: se execute the certification. Poge 4 should med for ymur files recTOR: Poge 3 should burial, cremotion,		22a. <b>I certify</b> that I taak charge of the remains described above, held an Autopsy . Inspection ., Inquiry	and in my apinian
AL FOLDING		death resulted frame, Natural causes , Accident , Su cide , Hamicide , Undetermined manner	
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der der		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF SERVICES CONTROL OF CHIEF ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF	
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5 = + 2 5 =	230		County) (State)
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1		MAKTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	• •
FOR STATE	It	em9, Film9403 8/5/6MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* *
- HEALTH DEPT.	ìD	PECEASED-NAME   First , Middle   Lost   Zo DATE KNOWN   Month	Day Year 2b HOUR
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This certificate should be executed within 24 hours after death icate, writing the word "pending in pencil in Item 18. Give Pages 1, be farwarded to the Cher Mexical Examiner's Office along with farm 3 be used as a build-transit permit. File pages land 2 with the State Dear remayal, and in any event within 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES?  (as, no, or unknown) (If yes give war or dates of service) (16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS	ada)
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TY SICAL EXAMINER: This certificate should be y, please execute the certificate, writing the ward "peral director. Page 4 shauld be farwarded to the Chertor erationed far your files.  (AL DIRECTOR: Page 3 shauld be used as a burial-transit prior to burial, cremation, ar remayal, and in any every		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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	*	2 d N. JRY OCCURRED  2 Te PLACE OF INJURY (At hame, form street,  while Mot while factory, gine building, egr.) S (without)  WY WHILE AT WORK AT WORK	County State
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please e) I directar. retained			
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ury, any, nera be ERAI		SIGNATURE MD ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	124/45
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also also	24	FUNERAL DIRECTOR CADDRESS & T. 250 REC D BY REGISTRAR 250 REG STRARS.S	GNATURE -
VR A15ME (5) 10M REV 1/68	X	FUNERAL DIRECTOR  7 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	was Judge
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First M.ddle 20 DATE KNOWNT (Type or Print) EST!-Page DEATH MATED 5 DATE OF BIRTH 6 AGE (If years F JNDER 24 HRS DATE PRONOUNCED DEAD 3 SEX 4 RACE Z, and PM3 Hegre Male 7-16- 1929 Month To BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARR ED 9 GOUNTY OF DEATH Pages 1, farm Titaboth Cy.N.Car United States W DOWED DIVORCED ETC Tal bot 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 120 LSVAL OCCUPATION (Kind of work done | 12b KIND OF BUSINESS OR alang with drum most of working life, even if retired by War STATE at a try Whiter offer Mespital Egaten Item 18, Give 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITAR 13e STREET AND NUMBER admission) SIAIA 13b@C@URE 1 1 ma Merth 5th Etreet YES NO I and 2 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME M.ddle Middle Tinney Sriffin Eugene Begues hours 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS be executed within (Yes, per unknown) Officer Reger Schofield, Benton Police 248-32-6552 Exg APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY within BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Shook from Exsanguingtion minutes "pend ng Chief Med peri DUE TO, OR AS A CONSEQUENCE OF Runture of arch of Aorta (1. event urial-transit Conditions, fony, which gove minutes wrunture of last redial artery rise to immediate couse (a) shauld writing the ward DUF TO OR AS A CONSEQUENCE OF stofing the underlying couse minutes Stan Journas by Butcher Prife . = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) D afte want Torsible alcohol Blos. Steelingh destroyed by f removal 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, YES 🗍 NO Z b 21o EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b TIME OF INJURY Month, Day Year 3 should PRIMARY IX OR CONTRIBUTING cremat an, CALISE OF DEATH 21d. N.LRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F D No City or Town County State factory, office by ding, etc.) may be retained far yaur FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK AT WORK Mertan Jer 17. Caroline 22a I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X, and in my apinion Natural causes . Accident . Homicide P Undetermined manner retained death resulted from Suicide please CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAM NER funeral EXAMINER'S H.B. FLUMMER, M.D. DEPUTY MEDICAL EXAMINER 5 may FO FUNE Health NAME (Type ADDRESS(Street city town, or county) Trosto Caralina the f 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BU PEMOVAL (Spec fy) Redinsen's Semetery Sity, N. Serelina 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Sharles W. Mill, Mertician, Benton, Md. Milarley 1968 VR A15ME (5) 10M REV 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Midd e 20. DATE OF DEATH DECEASED NAME Eirst death. **Jury** ofter death funeral (Type or pnnt) IF UNDER 4 RACE IF LINDER 1 YEAR 3 SEX DAYS MONTHS 24 hours 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 B RTHPLACE (Stote or foreign 8 MARRIED 50 NEVER MARRIED country DiVORCED [ WIDOWED Filled 10 CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done LL. NAME OF HOSPITAL OR INSTITUTION (If not in baspital 126 KIND OF BUSINESS OR requires that the death certificate be executed within burial, crematian, or remaval, and in any event, withi during most of working life, even firetired)
CARE TAKER INDUSTRY give street address) NONE 13d INSIDE CITY JIMITS? 130, USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER NO X First M ddle MOTHER'S MAIDEN NAME First - EORGE 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 1 [If yes give war or dates of service] Yes, no. or unknown) 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) beloveneno DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDUTON FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) PM 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. EOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 3 19 , and that in (my 1968 to saw the deceased alive an 3 19 , and that causes stated abave, (1) (we) (thin) (did not) view the bady after death. , and that in (my) (aur) apinian death accurred an the date and haur and from the 22b. SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR 22e ADDRESS Easton, Maryland 22d. PHYSICIAN'S Stephen P. Carney NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (County) REMOVAL (Specify) ENNE 24. FUNERAL DIRECTOR **VR A15** 30M REV. DATE



	,	MARYLAND STATE DEPARTMENT OF HEALTH
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		CERTIFICATE OF DEATH
(IVI)		
for death		CEASED-NAME PIST Middle GRIFFIN 20. DATE OF DEATH 20. DATE OF DEATH 7 Month 20 Year 8 12 N
24 haurs after death of in by the fumeral ppers. Pages I and 72 haurs after death	3. SE	4. RACE   DATE OF BIKITH   D. AGE (IN YEOR'S   WONTH'S DAY'S HOURS   MIN
by the Pagaurs		IRTHPLACE (State or foreign 7b CITIZEN OF WHAP COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 hc d in pers. 72 h	coun	MY U.S.A. WIDOWED DIVORCED TALBOT MA
	10. €	TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  12 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  13 TOWN OF DEATH  14 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)
CHITICATE be executed within many iciam and campletary fills hen please remaye carbon ponaval, and in any event, within		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LINE 157 13d STREET AND NUMBER YES NO PARTY  YES NO PARTY  13d INSIDE CITY LINE 157 13d STREET AND NUMBER YES NO PARTY  YES NO PARTY  YES NO PARTY  13d INSIDE CITY LINE 157 13d STREET AND NUMBER
e exect	14 9	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
dre be	140	WAS DECEASED EVER IN U.S. ARMED FORCES? WAN 166 SOCIAL SECURITY NO 17. INFORMANT Address
hy ici	Y	as, no. ar unknown) (1 yeggine yar or dates of sennie) (1 yeggine yar or dates of sennie) (25-20-6269) florence. E. Briffin.
f 1 29		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) )  PART I, DEATH WAS CAUSED BY:
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equires th physician signed by burial-tra burial, cre		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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AN: The law related and are attending it cate has been star use as the but health prior to but it is to but i	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO (CAUSES OF DEATH?)
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HYSICIAI hospital certifica sched fa	MEDICAL	(If either, natify medical examiner) PM 19
DING PHYSIC by the hospi ifter this certi be detached State Dept. a	-	While Nat while of work
DING by t Affer be c State		22a. I certify that (this haspital) attended the deceased fram
TTEN Dained OR: )		causes stated abave, (1) (we) (did) (did not) view the bady after death.
OR ATTEND be retained bIRECTOR: A ge 3 should		22b. SIGNATURE DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIRECTOR PHYS DIRECTOR
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O HOSPITAL Page 4 may 1 O FUNERAL D director, pag should be fille	23a	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store)
5 5 E	0.	REMOVAL (Specify) 7/6/68 Cormicael Cem Cormicael OA. Incl.  ADDRESS 250. RECD BY REGISTRAR 256 REGISTRARS SIGNATURE
VR A15 (4) 30M REV, 1/68	24.	FLÍNERAL DIRECTOR GOOD SE H DOSSING CO DATE UL - 8 1968 256 REGISTRAR S SIGNATURE DATE UL - 8 1968



	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	5 7
	CERTIFICATE OF DEATH	40
	DECEASED NAME First Middle Last 20 DATE OF DEATH (Type or point) Manth Day	2b HOUR
	(Type or point) O. AUGUSTA GRIFFITH Manth Day	768 M
3.	The state of the s	INDER YEAR IF UNDER 24 HRS.
	1 00/ 12/18/1 70 YRS	
	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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10		2b KIND OF BUSINESS OR NDUSTRY
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od	mission) - STATE 13b. COUNTY 15 30 TATE 17 TO THE TOTAL THE TATE OF THE TATE O	
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	- THOMAS FRANCIS GRIFFITH EURHEMIA	Here
16	g. WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   1.7 INFORMANT   Address	
	Yes, no prinknown) (If yes give wor or dates of service) MRS EVELIN 1. ORME DEA	ITIN, NB
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Terminal munica	7 days
	サさて X DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gove a rose to immediate cause (a), (b)	
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	lost (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
300	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
CEPTICICATION	YES NO CAUSES OF DEATH?	
		1B.}
MEDICAL	or contributing cause of GEATH HOUR A.M. Month Day Yeor [1] (If either, notify medical examiner) P.M. 19	
MAF		ounty State
	at work	
	22a. I certify that (I) (this hospital) attended the deceased from 30 Wic., 1967, to 13 July, 19 on sow the deceased alive on 5 July, 19 on that in (my) (ear) opinion death occurred on the date of	that (I) (we) lost
ı	causes stated above, (1) (we) (did not) view the body after death.	חנו וווסון טווט נטפח פחנ
	22b SIGNATURE 22c DATE	
ı		15-68
l	22d. PHYSICIAN'S NAME (Type) Stephen P. Carney, M.D. 22e ADDRESS P.O. Box 929, Easton, Md.	21601
=		
23	PARTIVAL (Specify)	County) (State)
	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	NATURE
	Book Fint Sent my DANJUL 18 1968 Icharles	of Judge



]	ľ	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
deoth.		Type or print)  LANGE SECTION AME  Type or print)  Last  Las
the Farence and the real states of the real states	3. S	FEMALE STULY 26, 1948 OF AGE (ID FORS) IF UNDER TYPES MIN TO 1948 OF AGE (ID FORS) OF AGE OF
requires that the death certificate be executed within 24 hours after g physician.  I signed by the attending physician and completely filled in by the feature buriol-transit permit. Then please termony carbon papers. Pages to burial, cremation, or removal, and in any event, within 72 hours after	cau	BIRTHPLASE (State of Topoign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH MIDOWED DIVORCED MIDOWED MIDO
within 24 within 72 within 72		CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)  12a. USUAL OCCUPATION (Kind at wark dane during mast at warking life, even if retired)  12b. KIND OF BUSINESS OR INDUSTRY
completely completely cover carbon	adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before Dec (ITY OR TOWN) 3d. INSIDE (ITY CHAITS? 13e. STREET AND NUMBER ISSIAN) STATE AND NUMBER 13b COUNTY YES NO 102 RICE STREET
om ond on din any		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost LOST LARROL BENJAMIN HAMMOND JE LAUREN LANA PIERSON WAS DECEASED EVER IN U.S. ARMED FORCES? 106. SOCIAL SECURITY NO. JE INFORMANT, FOR FIRE Address 102 Price Set.
certificote to physician Then pleuse movol, ond		Yes, np. of unknown) (Il yos give war or dates of service) NODE CARROLB, HAMMOND IR CENTREVILLE Md.
ne death ce ottending permit. Th		1B. CAUSE OF DEATH (Enter only one cause per line for (d), (b) and (t).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:
of the of the or or the or		Canditions, if any, which gave isset to immediate cause (a).  Statung the underlying cause  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
he law requires tho ottending physician. has been signed by e as the buriol-tron h prior to burial, cren		stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF
aw requiring been significant to be	NOIL	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
I: The I or offer te has use as	CERTIFICATION	YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
PHYSICIAN: e hospital or his certificate stoched for u Dept. of Heal	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH OFFICE BUILDING, ETC.  OFFICE BUILDING, ETC.  OFFICE BUILDING, ETC.  OFFICE BUILDING, ETC.
NG PH y the h ier this e detoc		While Not while at wark   Not wark   Not while at wark   Not wark
ATTENDING stained by the CTOR: After 1 should be dith the State		saw the deceased alive on
L OR ATTENI be retained DIRECTOR: A ge 3 should iled with the		22b. SIGNATURE  DEGREE PHYS  DIRECTOR   STAFF   22c DATE SIGNED   1965
Poge 4 may be retained by the hospital or ottending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician placetor, page 3 should be detached for use as the buriol-transit permit. Then placed by the State Dept. of Health prior to burial, cremation, or removal,	22-	22d. PHYSICIAN'S NAME (Type)  22e. ADDRESS  BURIA., GREMATION, 23b DATE  23c. NAME OF CEMETERY OR CREMATION? 23d LOCATION (City or [gwn]) (County), 15 rate)
F - F	24	BURIAL GREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Igwin) (County), (State)  PRINCY FOR THE CONTROL OF THE CO
VR A15 (4) 30M REV 1748	1>	tome of Best and Best Contractor (1) Van hill an appearance

MARYLAND STATE DEPARTMENT OF HEALTH



V)	CERTIFICATE OF DEATH
ifficate has been signed by the attending physician and campletely filled in by the funeral darance is the burial-transit permit. The please remave carbon papers. Pages I and 2 af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after death.	DECEASED-NAME (Type or pnnt) Aubrey BARTLETT HARRIS 20. DATE OF DEATH Month Day Year 8 / 1 / 20.
3	SEX  4. RACE W S DATE OF BIRTH APRIL 21, 1887  6. AGE (In years In Under YEAR IF UNDER 24 HRS. MAIN S DAYS HOURS MAIN S DAYS MAIN S DAYS HOURS MAIN S DAYS M
C	D. BIRTHPLACE (State or foreign of the country? The citizen of what country?   8 Married   9. Country of Death or Divorced   7. Cuntry of Death or Divorced   7. Cunt
	D. CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospitoly give street address)  12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  13b KIND OF BUSINESS OR DURING TOWN SEPTICAL  15b KIND OF BUSINESS OR DURING TOWN SEPTICAL  15c CITY OR TOWN OF DEATH  17c USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17c CITY OR TOWN OF DEATH  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  17d USUAL OCCUPATION (Kind of work done during most of
	MARULAND 136 COUNTY DX FORD YES NO MORRIS STREET
L	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost  DILLIAM TO HARRIS  EMMA BARTLETT
	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. prunknown)  (It yes give war or dates of service)  VIS-38-1445 MRS. AUBREY B. HARR'S OXFORD. MD.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART 1 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Source  So
	Conditions, if any, which gave (b)
	last (c)
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES NO 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21c ACCIDENT WAS UNDERLYING 17b TIME OF INJURY 22c HOW INJURY OCCURRED (Feter nature of injury in Part 2 Item 18)
	Gor Contributing Cause of Death Hour A.M. Month Day Year 19 P.M. 19
	While Not while of work
ı	220   certify that (1) (this haspital) attended the deceased from July 2 out 1968, to July 1968, that (1) (we) lost sow the deceased alive on July 2001, and that in (my) (our) opinion death occurred on the date and hour and from the courses stated above, (1) (we) (did) (did not) view the body after death.
l	226 SIGNATURE C- RW. Boin RD DEGREE ATTENDING MED DIRECTOR DISTAFF 7568
	22d. PHYSICIAN'S NAME (Type) C-R-W.BAIN 220. ADDRESS 220. DOUER, EASTON, Md.
ш	30. CURIA_ (REMATION, REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) EASTON TALBOT MD.
2	4. FUNERAL DIRECTOR  ADDRESS  250, REGISTRAR S SIGNATURE  ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH
1		TO CONTROL DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
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	3. SI	S. DATE OF BIRTH  AND THE PROPERTY OF THE PROPER
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- B - B		SIRTHPLACE (Store or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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arby	13o.	USUAL RESIDENCE (Where geceosed fived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
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physical physical naval, or		YES WELL TO BESSIE GYCLETO BELLOVE MIN
navo		IB. CAUSE OF DEATH (Enter only one couse per life top to), (b) and (c) -
e death attendin sermit. an, or re		PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Adult of Medical Manual
de de ritte		DUE TO, OR AS CONSEQUENCE OF
the contraction		Conditions, if ony, which gove )
y #		rise to immediate couse (o),  Station the underlying course  DUE TO, ORAS A CONSEQUENCE OF #
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ysie gne irial		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING A DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Por Sich		TAKE 2 GITTER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE INTERIOR DISEASE OF CONDITION GIVEN IN PART I(0)
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e lo ten is b as pric	CETTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
th se sh	Ė	15 U 10 54
rate are the same		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
記録書	MEDICAL	(If either, notify medical examiner) P.M. 19
G PHYSIC the haspi this certi detached te Dept. o	E	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 211 LOCATION Street or R.F.D. No. City of Yown County Stote
PH his his eta De		White Not white of work
OR ATTENDING be retained by th SIRECTOR: After t e 3 should be d ed with the State		22a. 1 certify that \$1 (this haspital) attended the deceased from 1978, to 188, to 188, that (New) last
A FE GO		saw the deceased affive, an 19 19 19, and that in (my) (our) apinian death accurred an the date and hour and from the
a Bing Signature		cáyses stated abave, (I) (wè) (did) (did nativyey) he bady after death.
A S D S S		22b SCHATURE ATTENDING MED. STAFF 22t DATE SIGNED
be 3		TATOLIO (LIMON PHYS PHYS PHYS PHYS PHYS PHYS PHYS PHYS
AI ON		22d Physician's R. Lane Wroth, M.D. 22e. ADDRESS
ER/ d b		PAYSIGNAY R. Lane Wroth, M.D. 226. ADDRESS  NAME (Type) St. Michaels, Md. St. Michaels, Md. 21663
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hapre-free Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the adjustment of should be detached far use as the burial-transit permit. Them bease remove carban pagers Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after	230	BURIAL, CREMATION, 236 DAJE- / 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Crty or Town) (County) (Stote)
0 g 0 g 4	1	REMOVAL (Specify) 7/20/68 Rechards EKSten TA. My
	24	FUNERAL DIRECTOR 250. REGISTRAR 256. REGISTRAR SIGNATURE
30M REV 1/68		Meaning W Work and Sorter my de public 2 4 1968 Charles Judge
	33	



A 1	Įt	MARYLAND STATE DEPARTMENT OF HEALTH  26-68 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3 6 73
FOR STATE	0-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	46
2 HEALTH DEPT.		ECEASED NAME First M-ddle Lost 20 DATE KNOWN Month D Type or Print) T	1
ta of of		ELITER Kemp	25 1968 M
and 3	_	emale White 8-19-1895 72 YRS MONTHS DAYS HOURS MAN Month 7 Doy 25	Yeor 1968 2d HOUR
arm 22,2		BIRTHPLACE (Stote or foreign   7b. cit zen of What Country?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   1"Delaware   U.S.A.   WIDOWED   DIVORCED   Talbot	Md
ter death Give Pages ang with far th thm State	10. 0	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12	26. KIND OF BUSINESS OR
the P		Easton Memorial Hospital dune most of working lie even if retired) Ih	DUSTR' None
2 wil		US.A. RESIDENCE (Where deceased lived, if institution Residence before 13c City OR TOWN 13d inside City Limits? 13e STREET AND NUMBER  13c CO. NIV.	
24 hours is softer is ofter	14 F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 24 Priss of Lines	160	? Thorp No Record  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
This certificate shauld be executed within 24 hacate, writing the ward 'pending' in penal in liter be farwarded to the Chief Medical Examiner's cotted be used as a burial-transit perm.t. File pages I an air remayal, and in any event within 72 haurs after	(Y	was deceased ever in U.S. Armed Forces?  [as, no or unknown] (If yes give wor or dotes of service)   16b, Social Security No   17 Informant   222-14-7357   Elsie Cain Marydel, Delaws	
ed y		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) Advanced emphysema producing anoxi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed 'pending' in rief Medical E ansit perm.t. leevent within		2110 / IMMEDIATE CAUSE (o) /4/4/8/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	3 days
e ex pend ef M st F		Conditions, if ony, which gove )  (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove )  (b)  (b)  (c)  (d)  (d)  (d)  (d)  (e)	?
Chird		rise to immediote couse (o).  stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF	*
This certificate shauld be executed wit cate, writing the ward 'pending' in pe be farwarded to the Chief Medical Exard be used as a burial-transit perm.t. File ar remayal, and in any event within 72		(c) Chronic passive congestion of liver and sple	en ?
ote so the solution of the and and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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KAMINER: te the certi je 4 shauld four files. age 3 shoul crematian,	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER tute the ter age 4 shaul files. Your files. Page 3 shoul files.		WHILE NOT WHILE foctory, office building, etc.) AT WORK AT WORK	
L EXA		22a   certify that I taak charge of the remains described above, held an Autopsy. Inspection [], Inquiry [],	and in my opinian
JICAL ase exect rectar Pound for samed for IRECTOR:		death resulted from: Natural couses 🔯 Accident 🗌 , Suicide 🔲 , Homic'de 🔲 , Undetermined manner 🗌	]
		ACTUAL CHIEF MEDICA. EXAMINER C	Auro
EPUTY BICA ssary, please e funeral director ay be refained INERAL DIRECT Ith prior to bu		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATE 311	7/50
DEPUTY ecessory, p ne funeral i may be re FUNERAL		NAME (Type) Harold B. Plummer ADDRESS(Street, cty, town, or county PES' On	rrome
TO DI nece the 5 m	230	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	County) (Stote)
2		Burial 7-28-68 Greensboro, Greensboro, M	
VR ATSME (S)	3	FUNERA, DIRECTOR  ADDRESS  ADD	
TOM REV 1/68 V	4	.S. Boules Greensboro, Md. DATEUL 31 1968 floor	as Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10641 CERTIFICATE OF DEATH DECEASED-NAME Lost 20 DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. Manth 28 (Type or print) Horace Greeley Kennedy 3. SEX S. DATE OF, BIRTH 6. AGE (In years IF ISNOER I YEAR TE JINDER 24 HRS. lease femove carbon papers. Pages end in ony event, within 72 hours afte last olday) Male 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED country) signed by the attending physician ond completely filled in burial-transit permit. They please remove carbon papers. 1154 Talbox Maryland WIDOWED [ DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, even if retired.) INDUSTRY / rappe 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 21 Maple Ave. Trappe 15 MOTHER'S MAIDEN NAME FIRST 14 FATHER'S NAME First Meddle Las# Peter Kennedu 16b. SOCIAL SECURITY NO 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) 218-16-6002 Mrs. Horace 9. I rappe buriol, cremotion, or remove Kennedy. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' Conditions, if ony, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) frote hos been s for use as the b f Health prior to b CERTIFICATION 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO F this certificote 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day director, page 3 should be detached I should be filed with the State Dept. of P.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME FARM STREET, FACTORY, 21f LOCATION Street or R.F.D. No. Stote City or Town County White Not while at wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this transport) attended the deceased from July 1968, and that ih (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive an causes stated abave, (1) (we) (did) (did hat) view the bady after death. 22b. SIGNATURI 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR DEGREE 22d PHYSICIANS 22e ADDRESS NAME (Type) Stephen Carney P.O. Box 929, Enston, Md. 23cy NAME OF CEMETERY OR CREMATORY 230. BURIAS CREMATION REMOVAL/STACKY) 23d. LOCATION (City or Town) (Stote) (County) Inappe 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR NEWNAM & SON. Easton, 1968 30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13640 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 20. DATE OF DEATH 2b. HOUR within 24 haurs after death (Type or print) Month 3. SEX 4 RACE DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 6. AGE (In years apletely filled in by the 14 lease remave carban papers. Pages and in any event, within 72 haurs after lost, birthday) ALONTHS. Aug. 12,1896 Negro Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED (OUTTY) Maryland USA WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) INDUSTRY None RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER 13c CITY OR/TOWN 3d INSIDE CITY LIMITS? odm ssion) Maryland 13b. COUNTY Talbot McDaniel YES 🗍 NO X Rural execot 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MA DEN NAME First Middle and Dennis Henry Hopkins Sarah D. please signed by the attending physiciars burial-transit permit. Then please requires that the death certificate 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, or unknown) (if yes give war or dates of service) burial, crematian, ar removal, 09 Dorothy Caldwell, McDaniels, Md. 18. CAUSE OF DEATH (Enter only one couse per PART + DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, Which gave t nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to b O FUNERAL DIRECTOR: After this certificate hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ be detached far use director, page 3 should be detached for use should be filed with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street of R.F.D No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Not while of work 22a. Certify that (I) (this haspital) attended the deceased from 19 Fund ta saw the degeased alive an And that in (my) (aur) apinian death accurred an the date and have and from the yourses stated abave, (if (we) (did) (did net) fix the bady after death. 22c DATE SIGNED MED. DIRECTOR DEGREE 22e ADDRESS NAME (Type) R. Lane Wroth. St. Michaels, Md. 21663 M.D 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) Wesley Church Marion. Somerset **ADDRESS** EASTON, Md. 250. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) DATE 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1 /.		MARYLAND STATE DEPARTMENT OF HEALTH	* * * *
- Annalia		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4 <u>4</u> * 1
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
LEALTH DEPT.	1 D	DECEASED-NAME First Model Lost 20 DATE KNOWN Month OF ESTI	Doy Year 2b HOUR
1 4 5 6	,	MINREY HOWARD LEITCH DEATH MATED 7.	5 16808AM
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B W W E		F W 4-6 1924 74 YRS MONTHS DAYS HOURS MAN Month Doy	Year 1968 M
2,7		BIRTHPEACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED TINEVER MARR ED 7 COUNTY OF COUNTY OF COUNTY	
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after death In Olong with the State Dep	}h	RWE Mills give street oddress. 50 dur ng-yes pt workyfe's te, even if retired)	TEACHER
s after 18. Giv olong 2 with death		USBAL RESIDENCE (Where deceosed lived, if institution Presidence before) 3c. CITY OR TOWN 13d. INSIDE CITY DIM 157 13e STREET AND NUMBER	
18. 18. 2 w dec	0	odm ssion) STATE MD. 136 COLINTY H. H. ANNAPOLI'S YES X NO [ 810 TYLEE H	VE.
hours Item Office Iond 2	14	FATHER'S MAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 hours in Item 11 r's Office es lond 2 rs ofter d		CLYDE H. HOWARD MALLIE	FEE
hin 24 hours after noth in Item 18. Giv niner's Office olong pages Iona 2 with havrs ofter death	160	WAS DECEASED (VER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS  Yes, no, or unknown) ( fyes give was exclused of service)	
	L	Yes, no, grunkgown) (fyes give war or dates of service) BONALD P. LEITEH #13	
xecuted with dang' in perfect that the permit file to permit file to within 72 to w		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
be executed "pending" in lief Medical E. Insit permit F event within		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) MILITIBLE SEVENCE INJUNIES	J.V MIHEN
e execut pending' ef Medico isit permi		DUE TO, OR AS A CONSEQUENCE OF	
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ould word he Ch ial-tra any		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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KAMINER: This certificate should te the certificate, writing the word ge 4 should be forworded to the C your files "age 3 should be used as a burial-tricremation, or removal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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certificate , writing th forworded it used as a b moval, and	CATIO	196 DATE OF OPERATION 196 COND.TION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ER: This certificate, ould be for es thould be used to rem	CERTIFICATION	·	YES NO
INER: Thi e certificat should be files 3 should be	20	210 EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING 1 1998 A.M. 216 TIME OF NIURY Month, Doy, Year 21c HOW NIURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	m 18)
INER: 1 e certific should b files 3 should intion, or	MEDICAL	CAUSE OF DEATH C 2 24 / 3 1968 PUSS 111 YCRY (011516Y	
The the mo	2	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, while more more more more more more more mor	County State
blease execute the cert please execute the cert I director Page 4 shouls retoined for your files . DIRECTOR: Page 3 shoul or to burial, cremotion		AT WORK UST WORK UNITED OF HOU	MA
ICAL E)  Be executor Page ed for yellow (CTOR: Purial)		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔲	, and in my apinian
DICAL blease exert director P etoined for DIRECTOR pr to buria		death resulted fram: Natural causes 🔲, Accident 🖾 Suicide 🔲, Hamicide 🔲, Undetermined manner [	
direction to the total	}	CHIEF MEDICAL EXAMINER	
		SIGNATURE Chris () STELLY MD ASSISTANT MEDICAL EXAMINER 226 DATES	
DEPUTY DICAL EXAM ressary, please execute the e funeral director Page 4 may be retoined for your funeral Director: Page salth prior to burial, crem		EXAMINER'S SEPLTY MEDICAL EXAMINER TO	-5-68
TO DEPUTY necessary, the funeral 5 may be i 70 füneral Health pri	-	NAME (Type)  VICE - J V ADDRESS(Street city, town, or county)	
D = ± 2 D ±	230	BUR AL (REMATION) 23b DATE 23 NAME OF CEMETERY OR CREMATORY CLEW BURDIE	(Stote)
.0	24	FEMERAL D RECTOR O ADDRESS 250 REGISTRAR 250 REGISTRAR 5 SI	TH MD
VR ATSME VS	1	1/ 1/4	IONATURE
10M REV ILER	1	the M. Fay to & Sous Churgoli, Md. will - 9 1968 periore	of Judge



STATE OF STREET	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	` : ()
TATE *	10842 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 9
	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month OF ESTI- Type or Print) PAUL CATTERTON LEITCH DEATH MAIED 78	Day Year 2b HOUR 5 6819 68A M
	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years   F UNDER 14 FEAR   IF UNDER 24 FES   2c DATE PRONOUNCED DEAD   MONTHS DATS HOURS MIN Month Day Day	Year 19 48 2d HOLR
	70 BIRTHPLACE (State or fareign 75 CT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7 COUNTY OF DEATH TALBOT	Md
		126 KIND OF BUSINESS OR BOLSTRI
	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MSIDE CITY DMM[52] 13e STREET AND MUMBER admission) STATE Md 13b COUNTY AA Annapolis YES NO 2810 Tyler Ave	9
	14 FATHER'S NAME First Middle Last Is MOTHER'S MAIDEN NAME First Middle CAT	+teetoN
	160 WAS DECEASED INER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT P. LEITOH #13	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Many thinks of the control	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	MMMEDIATE CAUSE (a) Multiple severe injuries	immed
1	Conditions, if any which gave ) Auto accident	
	rise to immediate cause (a). (b) Addo addition	
1	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
1	(c). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART I(g)	<u> </u>
١	17164	
١	196 CONDITION FOR WHICH OPERATION  196 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  216 TIME OF INJURY Month, Day Year  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel	20 AUTOPSY?
1	WAS PERFORMED?	YES NO
l	21b EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Itel	m 18)
	I CALLE OF DEATH	
	feeting after hulding at 1	County State
1	22a   certify that I took charge of the remains described above, held an Autopsy, Inspection _x, Inquiry death resulted from: Natural causes, Accident _x_, Suicide, Hamicide, Undetermined monner [	( )
	death resulted from: Natural causes [], Accident [2], Suicide [], Hamicide [], Underermined monner [	_
	ACTUAL SIGNATURE Zonis (1980) M.D. ASSISTANT MEDICAL EXAMINER 226 DATES	IGNED
	for deputy medical examiner \ 7-5-	-68
	NAME (Type) WELTY ADDRESS(Street, city, town, or county)	
	230. BURIAL, CREMATION, 236 DATE 232 MAME OF CEMETERY OR CREMATORY 234 LOCAT ON (CITY OF TOWN) OREN HAVEN GREN BURNIE	AA. MD -
	250 REC D BY REGISTRAR 256. REGISTRAR'S SI	GNATURE
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FOD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	<b>1</b> 1
FUK STATE	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED-NAME First Middle Lost 20. DATE KNOWN For Month	
HEALIH DEPI.	1 (	Type or Print)	Doy Year 25. HOUR
y is to for	0.0		5 1968 M
y deloy	3 5	F VARCE S DATE OF BIRTH 6 AGE (In yours FUNDER 1 YEAR FUNDER 24 HRS 20 DATE PRONOUNCED DEAD 1001 brindow) MONTHS DAYS HOURS MIN Day	Year 1968 9 7 M
200	70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 7 COUNTY OF DEATH	1700 177 M
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hours ofter death frem 18 Give Pages Office along with for I and 2 with the State after death		EASTON give street oddress) MEMCRIAL during most of working life teyen if retired)	NDUSTRY HOOL
Given Given and the confirmation of the confir		USUAL RESIDENCE (Where deceosed I ved, f institution Residence before 43c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND HUMBER	
rs often 18 Gi	-	IND. 136 COUNTY H. H. V HUNAPOORIS YES KNO - 810/YLEP H	UE
haurs Item Office after	14	FATHER'S WAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	lost Lost
24 in 1 in		TAUL C. LEITCH MILDED	HOWARD
SICAL EXAMINER: This certificate should be executed within 24 haurs after death please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, I director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm retained far your files.  L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Diar to burial, crematian, or remaval, and in any event within 72 haurs after death		WAS DECEASED EVER IN S ARMED FORCES? Yes, no, or yinknown) (Hyes give wor or dates of service) 160 SOCIAL SECURITY NO ROUGHLD P. LEITCH ADDRESS # 1	3
d with period of the period of		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nef Medical E. ansit permit. F. event within		PART I DEATH WAS CAUSED BY. MULTIPLE SC VO 12 111/61/183	BUREEN ONSEL MED DON'T
ndir Mec nt v		8/2, / DUE TO, OR AS A CONSEQUENCE OF	
inef insit		Conditions, if any, which gave ) (b) ALCTE ACCIDENT	
ord ord ord -tro		rse to mmed ate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
should be e he word "per to the Chief I burial-transit		lost (c)	*
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ns certificate ite, writing the forwarded to be used as a be remaval, and	2	1164	
certif arwan arwan used mavol	ATIO	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This criticate, be far and the contraction of the c	CERTIFICATION		YES NO 🔀
Th iffica d be ald b	100	216 EXTERNAY CAUSE WAS 216 TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, te PRIMARY FOR CONTRIBUTING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, te	m 18)
inner: T e certifice should b files 3 shauld	MEDICAL	CAUSE OF DEATH - CR PM /-3 1968 PRSS PR	lon
Mind in the start of the start	¥	21d INJURY OCCURRED 21e. PTACE OF INJURY (At home, form street while more while factory) after building, etc.)	County State
TY SICAL EXAMINER:  y, please execute the certificated director. Page 4 should be retained far your files (AL DIRECTOR: Page 3 shauprior to burial, cremation,		AT WORK LI AT WORK LI RESTORTED TO	E ( VVIA
Xec xec far far oR:		22a   certify that I took charge of the remains described above, held on Autopsy, Inspection X, Inquiry	ond in my opinion
Se e croor need need by but		deoth resulted from: Notural couses	
directoring DIR		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
TY Ser SAL SAL		SIGNATURE ASS. STANT MED CAL EXAMINER 228 DATES	IGNED / - V
o DEPUTY necessary, s the funeral 5 may be ra 5 FUNERAL Health price		EXAMINER'S NAME (Type)  ADDRESS(Street, city, town, or county)	7-102
To DEPUTY SICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your 10 FUNERAL DIRECTOR: Page Health prior to burial, crem	230	BURIA, CREMATION, 235 DATE 235 NAME OF CEMETERY, OR CREMATORY 23d 10CATION (City of Town)	(County) (State)
	C	OF MOVE IT AND A CONTRACT OF THE CONTRACT OF T	HA. MO.
	24	FUNERAL QIRECTOR 250. REC D BY REGISTRAR 25b REGISTRARS S	IGNATURE
VR A15ME (5)	-	JOHN M. TAYLORY OUS Churpolis, Md. UHL - 9 1968 Johnson	Judge
41	-		<del>/</del>



1.	MARYLAND STATE DEPARTMENT OF HEALTH	
		150
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
		Day Year 2b HOUR
,	DAVID ( DAVID LITTLE WOOD DEATH MATED 7-4	- 18 1:20
3 5	And the state of t	2d HOUR
	male   white   Nov 20, 1950   17 / 175   Month 7 Day 5	Year 1968 M
corr	New York USA W DOWED DIVORCED TALBOT	Md.
10 (		26 KIND OF BUSINESS OR
		NDLSTRY
-		
14	ATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Last
	William C. Littlewood Ruth Bosson	
160		
	No 352-38-4582 William C. Littlewood, St. Micha	
1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	MMEDIATE CAUSE (a) Perforating wound of heart	
	DUE TO, OR AS A CONSEQUENCE OF	
	(b) Haring home-made lifetracker -which exploded	
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF prematurely	
	(c)	<u> </u>
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IĞ.	WAS PERFORMED?	20 AUTOPSY?
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	ACTUAL CARRY AND ACTUAL CONTRACTOR OF THE CONTRA	CNED
	TO BY DITY MENICAL EXAMINED TO	5-68
	EXAMINER 3	,-00
230	BURNAL CREMATION 236 DATE 236 NAME OF CEMETERY OF CREMATORY 234 LOCATION (City of Town) (	(State)
10.	REMOVAL (Specify)	11
	Challun luly D. 1908   Mr. lincoln Camatary   Nachington D. C	*
24	FENERAL DIRECTOR July 6, 1968 Pt. Lincoln Cemetery Nashington D. C	
	( ( 3 \$ \$ 7 a court 10 ( ) 130 a a 14   1 4   1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITIMORE, MARYLAND 21201   MEDICAL EXAMINETS CERTIFICATE OF DEATH   DEATH



		MARYLAND STATE DEPARTMENT OF HEALTH
*		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
/h w		CERTIFICATE OF DEATH
LIVI of E		FECEASED NAME , First Middle Last 2a. DATE OF DEATH 2b HOUR //3
de ond de ott	(	Type or print) WARREYAN MILTON LOWERY Manth Day 1 Year 1 2AM
in the second se	3 5	
ES 100	1	1/AFE   WATTE   0/11/18/1   BT 185
		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
hin 24 filled to popular	10	THAR I LAND USA WIDOWED DIVORCED TALSOT MA  CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INST TUTION (If not in hospital 12a USUAL OCCUPATION (K nd at wark done 12b KIND OF BUSINESS OR
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely fulled in be director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon populationally should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 had the state Dept.	י עון	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INST TUTION (If not in hospital  12a USUAL OCCUPATION (K nd at wark done give street address)  12b KIND OF BUSINESS OR INDUSTRY
ecuted wift completely ove carbon y event, wi	13a adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LANTS? 13b. COUNTY LANTS 13b. COUNTY LANTS 18b. STREET AND NUMBER
d co	14	FATHER'S MAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
be ex o o o o	١,	JAMES LOWERY ALICE COVINGTON
ficote be ysicion o pleose of, ond in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, go of unknown) (III yes give wer or dartes of service)  Address
phys	L	217-12-5339 MRS. W.M. LOWERY, 116 GHMAN, M.D.
he deoth certific otre≡ding phys permt. Then ion, or removol		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (r).)  PART I. DEATH WAS CAUSED BY:
mit.		IMMEDIATE CAUSE (a) SECNCHOUP NEUTUMA
he c per lion,	L	Candit ans, if any, which gave DUE TO, OR AS A CONSEQUENCE OF Candit ans, if any, which gave CHALLY CONSTRUCTIONS EMPTY VS HOLD CONSTRUCTIONS
the sit		rise to immediate cause (a).
equires that the physician. signed by the burial, crematia		stating the underlying cause OUE TO, OR AS A CONSEQUENCE OF Class.
hysi urio urio		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
ng p	-	171 Aleules
low andii bee ss th	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 2016 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The after has base of the post	ľĔ	YES NO CAUSES OF DEATH?
AN: or or or or deal		
Spito Spito Ped f	SAI	in entre, namy medical examinary
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-tron, should be filed with the State Dept. of Health prior ta burial, creative.	ľ	21d. INJURY OCCURRED White Not while at wark of wark of wark of wark.  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING ETC.  21f. LOCATION Street or R.F.D. No. City or Town County State
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TA Troin to the true that the true true true true true true true tru	ı	22c DATE SIGNED
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SPIT 4 m 4 m 1 ER/		NAME (Type) DORSANT D. SMITH M.D. ZOZ E. DOVER ST. EASTON
Bage age of the cline of the cl	.23a	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or fown) (County) (State)
F-5 V	24	
VR A 15 (4) \ 30M REV 1268)	ŧ'n	FUNERAL DIRECTOR  ADDRESS  ADD



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•		CERTIFICATE OF DEATH
٠٠		ECEASED-NAME , First Middle Last , 2a DATE OF DEATH , 2b HOUR
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	3 51	
S S S		MALE MAITE MAR. 28, 1894 lost birthday) PAR MONTHS DAYS HOURS MITH
by Pour	70	BIRTHPLACE (State or foreign   7b CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
4 hr l in ers. 72 h	con	MARYLAND USA WIDOWED DIVORCED TALBOT Md.
illed pap	10. (	THY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita 12a LSUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR
The low requires that the death certificate be executed within 24 hours after death ottending physician. has been signed by the reading physician and completely filled in by the toneyal see as the burial-transf permit. Then please remove carbon papers. Pages I and the prior to burial, cremation, or the moval, and in any event, within 72 hours after death		EASTON give street oddress Memoria Hospital WATERMAN SEAFOOD
ed plet	13o odm	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN / 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER (13b. COUNTY)
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em em	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
in a se i	L	CHARLES MARSHALL KATE SCHELLS
cote Sicio pleo , on		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no recommendation of service)  (es, no recommendation of service)  Address  Address  Address
phy en ova		PROXIMATE MITERIAL
		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) - PART I. DEATH WAS CAUSED BY:
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e (		DUE TO, OR AS A CONSEQUENCE OF
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AN: olo dlo icati far Hec		OR CONTRIBLING CAUSE OF DEATH HOUR A.M Manth Day Year
SIC spit spit ertii ted	MEDICAL	Ilf either, natify medical examiner) P.M. 39 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State
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Age direct Short	23a	BURAL CREMATION, 28b PATE 123c NAME OF CENTERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stope)
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MAKTLAND STATE DEPARTMENT OF HEALTH



				MARYLAND STATE DEPARTMENT OF HEALTH
7	1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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	attendig			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  set of immediate couse (o), stating the underlying cause (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)
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	the latter has has has has	X	CERTIFICATION	YES NO CAUSES OF DEATH?
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	SPITA 4 ma) IERAL or, po d bii f	77 Sharp		NAME (Type) THURSTON HARRISON CREETEN, Kerry Send
	Page 10 FUN direct			BUR AL, CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)  BENDY (Specify) AUG. 1 SPRING HILL FASTON - MARYLAND
	VR A15 (4 30M REV		24.	FUNERAL DIRECTOR  ADDRESS  250 RECID BY REGISTRAR 250 REGISTRAR 5 SIGNATURE  ADDRESS  DATABOLE 2 1968 SCHOOLES SIGNATURE



/	MARYLAND STATE DEPARTMENT OF HEALTH				
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
	10848 CERTIFICATE OF DEATH				
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		C C C T C	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BA		- 5 <i>i</i>
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d b d b d b d b e St		saw the deceased a	live an 7-13	19 68, and that in (my) (our) o	pinian death accurred on the date	and hour and from the
OR:			e, (I) (w <del>o) (did</del> ) (did nat) view th	e bady after death.		
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L o be		22d. PHYSICIAN'S	May ans	22e. ADDRESS	DIRECTOR PHYS   /	
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		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	5 4
		£2659 CERTIFICATE OF DEATH	
	1 0	CEASED-NAME CF DEST Minddle (sot) 20 DATE OF DEATH	26 HOUR
\$ <b>1</b>		ype or pont) Month 2 Day	1800 26 HOUR 6
-8 ( * <b>F</b> B)		Clare Callar Roof / ap	10 D D M
P 2 - 2	3 2	FEMALE  A RACE  S DATE OF BIRTH  DEC 19 1919  6 AGE (In years   FUM  MONT	HOER YEAR IF UNDER A HRS
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figure 14	ਤ	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	,
YSICIAN: ospital or certificate ched for u	MEDICAL	(If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME EARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town Co	Goty State
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DSP INE ctor	22.	BURIAL, CREMATION, 236 DATE 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	(State)
Short Short	230	001101111111111111111111111111111111111	ounty) (State)
2 2	24		CAR, MD.
VR A15(4)	24_	Fineral Director Grane Thampton of Address and Date AUG 2 1968 Registrar's SIGN	A Day dos
30M REV 148	1	Frampton Luna Home dedisabley Ma, DATE AUG 2 1968 School	A June Day

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Tulu	MARTIAND STATE DEPARTMENT OF HEALTH
479-2-1792	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
411-10-10	CERTIFICATE OF DEATH
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in the second se	22a. I certify that (I) (this haspital) attended the deceased from 6/8, 1968, to 7/5, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (ver) opinion death accurred on the dote and haur and from the causes stoted above, (I) (we) (did not) view the bady after death.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the purial of the purial of the purial of the state Dept.	239 BURIAL (REMATION, 236 DATE 235 NAME OF CEMETERY OR (REMATORY 23d LOCAT ON (City or Town) (County) (Stote)
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	LD	CONTROL AND	2110
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hours ofter death litem 18. Give Pag Office along with and 2 with the Sta		EASTON MEMORIAL CARPENTER	
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INER: This certificate shauld be executed within e certificate, writing the word "pending" in pencil should be forwarded to the Chief Medical Examine fles. 3 should be used as a burial-transit permit. File pagination, or removal, and in any event within 72 hou		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE OR COND T ON GIVEN IN PART 1(0)  Diabetes mellitus, amp.leg a/c same	
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VER: T certifica hould b les. should rtion, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH PM 19	
	₩.	21d INJURY OCCURRED 21e PLACE OF INLURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (ty or Town County Stot	ė
L EXAM ecute the Poge 4 or your R: Poge		WHILE NOT WHILE OCTORY, OFFICE BUILDING, etc.)	
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Se e sctor med med by but of b		death resulted fram: Natural causes 🔀, Acadent 🗌, Suicide 🔲, Hamic'de 🔲, Undetermined manner 🗌	
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PTY.		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATE STONED	
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		MAKILAND STATE DEPARTMENT OF HEALTH
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And the state of t		CERTIFICATE OF DEATH
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S S S S S S S S S S S S S S S S S S S		saw the deceased glive on 7/2/1/2/19 and that in (my) four) opinion death occurred on the date and hour and from the
the second		causes stated obove, (1) (we) (did) (did not) view the body ofter deoth.
A September 1		22th SyonAffure / 1/4 C OATH SIGNED /
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creased.	223	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMITORY 23d LOCATION (City or Jown) (County) (Stote)
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	n.	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	· ( )
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	odir	ission) STATE Arryland 136 COUNTY Baltimore Dundalk YES NO 5 3707 Old North	Pt. Road
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nd as a	360	WAS DECEASED EVER IN US ARMED FORCES? 166 SOC A. SECUR TY NO 17 INFORMANT (WILE)  Address Duri	Lytle
PHYSICIAN: The law requires that the death certificate be haspital ar attending physician.  his certificate has been signed by the attending physician estached for use as the burial-transit permit. Then please Dept. of Health priar to burial, crematian, ar remayal, and in		(eg.no. or Jinknown) ((1) yas gave war or do'res of service) 210-03-7023A Mrs. Kathryn Shrodes, 3707 Old N	otth Pt. Rd.
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ING by t ffer ffer be d		22a. I certify that (I) (this hospital) attended the deceased from 16 July, 1968, to 21 July 1968 as with deceased alive an 19 July 1964, and that Ip (my) (our) apinion death occurred on the date	, that (I) (we) last
OR ATTENDING De retained by the IRECTOR: After e 3 should be de ed with the State		saw the deceased alive an 19 4 and that ip (my) (our) apinian death occerred on the date causes stated above, (i) (wo) (did not) view the body after death.	and havr and fram the
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O HOSPITAL OR ATTEND Page 4 may be retained o FUNERAL DIRECTOR: A director, page 3 should should be filed with the		PHYSICANS PHYSICANS Easton Memorial Hosital, E.	akton, l.d.
O HOSPII Page 4 m O FUNER, director, should b	230		County) (Stole)
6 2 5 5	24	Rurial Parkwood Cometery Balt.	imore, Md.
VR A15 (4) -2 30M REV 1/68	J.	FUNERAL DIRECTOR  ADDRESS  Daniel J. Duda, 7922 Wise Ave. Dundalk, Md.  ADDRESS  Daniel 250. RECD BY REGISTRAR 256 REGISTRAR 256 REGISTRAR 5 SIG	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a DATE OF DEATH icials and completely filled in by the funeral "Bage remave carban papers. Pages 1 and 2 and 10 and 11 and 11 and 12 haurs after death. certificate be executed within 24 hours after death (Type or pont) Month MARY STANDIFORD COMPORT July 4 RACE 3. SEX S DATE OF BIRTH 6 AGE (In years last bighday) MONTHS March 18, 1879 Female White 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8. MARRIEN NEVER MARRIED 9. COUNTY OF DEATH Maryland Maryland Talbot County USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife give street oddress) Neavitt 130 USLA, RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSTDE CITY LIMITS? odmission) STATE 13b. COUNTY YEX NO Neavitt Maryland 14 FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Midále Toseph Keller Barbara Smith 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Ad dress Yes, no, or unknown) burial, crematian, ar remoyal Neavitt. Maryland none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) requires that the death PART I. DEATH WAS CAUSED BY signed by the burial-transit p Conditions, if ony, which gave ) rise to immediate cause (a). stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) **SEUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health prior to 1 190. DATE OF OPERATION 19b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF GEATH Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State Whee Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 and that in (my) (our) opinion death occurred an the dote and hour and from the sow the deceased alive oncouses stoted above, (1) (we) (did (did not) view the body after death ATTENDING DIRECTOR L PHYS 22d. PHYSICIAR'S 22e ADDRESS NAME (Type) GUY M. REESER. St. Michaels, Maryland 23d LOCATION (City or Town) 23a BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) 5. 1968 Parkwood Cemeterv Baltimore, Maryland 256 REGISTRAR S SIGNATURE **TUNERAL DIRECTOR** 2So. REC'D BY REGISTRAR



	MARYLAND STATE DEPARTMENT OF HEALTH	5.4
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
	CERTIFICATE OF DEATH	D.O.A. @
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130	JSUAL RESIDENCE (Where deceosed lived, if institution Residence before 130 CITY OF JOWN 130 INSIDE CITY LAWIS? 13e. STREET AND NUMBE	R
adm	nission) SHATE NO 13b. COUNTY Talbox YES NO 108 N 1/3	agins St.
14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MA DEN NAME First Middle	ré Lost
	(lifford M. Stelle Anna Turner	
160	o WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, poor unknown) 1 1 yes give war or dotes of service)  Addre  221-10-0130 Clifford M. Stelle, Wilning	
		APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), )  PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
	HAMEDIATE CAUSE (a)  THE TO OP AS A CONSEQUENCE OF	
	Conditions, torly, which gave)	sudd un
	rise to immediate cause (o).  stoting the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
No.	LON IT YES HARDE THINDING	ACC CONTINUED IN CONTINUE
18	19a. Date of operation   19b. condition for which operation was performed   20a. Autopsy?   20b if yes, were finding causes of death?   Yes   NOW!   Causes of Death?	NGS CONSIDERED IN CERTIFYING
CERTIFICATION	TES NUMBER  21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 221c. HOW INJURY OCCURRED (Enter nature of injury in Part ) or Part	int 2 Item 1B.)
		,
MEDICAL		County State
	While Nat while Of work of work	
	22a. I certify that (1) (this baspital) attended the deceased from free 1954, to 4 picky	, 19 <u>68</u> , that (!) <del>(we) las</del> t
	saw the deceased alive an	e date and haur and fram the
	22b. SIGNATURE /	22c. DATE SIGNED
	Meer In Danis an DEGREE PHYS DIRECTOR DIRECTOR PHYS.	10 pel 48
	22d. PHYSICIAN'S - NAME (Type) I HORSTON HARRISUN 22e. ADDRESS Carlon Many C	end
23.0	to Burial Cremation, 23b. Date 23c Name of Cemetery or Crematory 23d Location (City of Town)	(County) (State)
230	REMODILISMENT 7/12/1968 Spring Hill Easton, Md.	
24/		RAR S SIGNATURE
1	Name ENews 1. CAN KATON, Bd. DATE JUL 12 1968 #	marked Judges



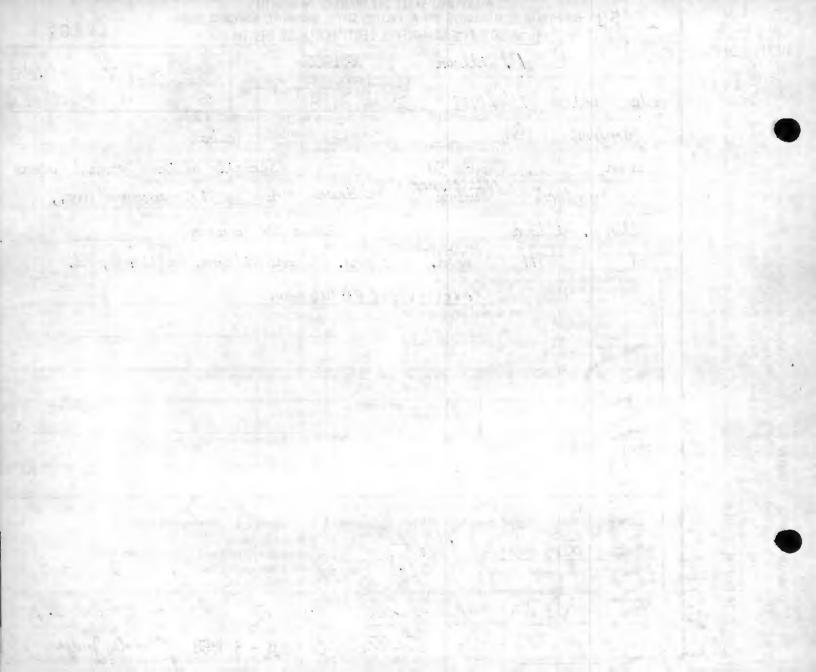
00	1	MARYLAND STATE DEPARTMENT OF HEALTH	
20	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	-0.
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 3 17
HEALTH DEPT.		ECEASED-NAME Type or Print)  ELMER  CARETT  WARNER  20 DATE KNOWN  OF ESTI-  TO DEATH MATED	23 68 8:35P
>m 0 = 4	3 5	EX 4. RACE S DATE OF BIRTH 6 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
2, and PM3 F	7.	pept 24, 1000 19 YRS	19 M
T S G		BIRTHPLACE (Stote or foreign   7b CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   Talbot    NOTICE   NOTICE   PROPERTY   NAME   NOTICE   NEVER MARRIED   9 COUNTY OF DEATH   Talbot    NOTICE   NOTICE	unty Md
ofter deoth  8 G ve Pages along with for with the State	10		126 KIND OF BUSINESS OR INDUSTRY Clothing
hours ofter de frem 18 G ve Office along w lond 2 with the after death.		USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e STREET AND NUMBER IS MALVI and 13b COUNTY Talbot St. Michaels YES X NO 404 Talbot St	
hours tem 18 Office o and 2 v	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	lost
24 hours of in them 18 r's Office at solid 2 were after de-	' '	Samuel Francis Warner Mary Ellen Lednum	
hin nine pog		WAS DECEASED EVER IN U.S. ARMED FORCES?  Ves, no, or unknown)  Ves  Ves  Ves  Ves  Ves  Ves  Ves  Ve	els. Md.
Be ecuted within 72 event within 72	-	IB CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding in Medical Experient Figure 1		PART I. DEATH WAS CAUSED BY HEAD INJURY  MMEDIATE CAUSE (0) HEAD INJURY	7-22
Med n		DUE TO, OR AS A CONSEQUENCE OF	
Chief Chief transit ty ever the		Conditions, if any, which gove ) AUTO ACCIDENT	
र दें दें ह		rise to immediate couse (o), (   stoting the underlying couse ( DUE TO, OR AS A CONSEQUENCE OF	
should ne word to the Ch buriof tro		last.	
This cert frote should total, writing the word be farwarded to the C is be used as a buriof troor removot, and in any		PART 2 OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This cert ficate strotes with many the be farwarded to do be used as a borremoval, and	CERTIFICATION	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERAT ON WAS PERFORMED?	20 AUTOPSY?  YES   NO
<del>-</del> _ <del>-</del>	MEDICAL CERT	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 7-22 1968 2 car collision	ern 1B)
AINER he cer l should be car files 3 sho motion (%)	- Q	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
<b>Z</b> = 4 7 9 7 0		WHILE AT WORK AT WORK AT WORK Rts 301&213 nr Centerville QA	Md
AL EXA execute rr. Poge I for you TOR: Pog		22a. I certify that a taak charge of the remains described above, held on Autopsy 🔲, Inspection 🔀 , Inquiry 🗀	, and in my apinian
E CONTRACTOR DE LA CONT		death resulted fram: Natural causes [ ]. Accident [ X]. Suicide [ ]. Hamicide [ ]. Undetermined manner	
9 6 6 6 5		CHIEF MED CAL EXAMINER	
		SIGNATURE	
function of the state of the st		NAME (Type)  Welty  ADDRESS(Street, city, town, or county)	23-68
TO D	230	b. Bugial (REMATION, RIMOVAL (Specify)  Burial  23b Date  July 26, 1968  23c Name of CEMETERY OR (REMATORY  Divet Cemetery  23d LOCATION (City or Town)  St. Michaels.	(County) (Stote) Talbot.Md.
y	24	FUNERAL DIRECTOR 2 ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRARS	SIGNATURE
VR A15ME (5)	4/	amonte Ceonard St. Michael Mr. DATE JUL 29 1868 Icha	when Judge



	ı.	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		1 5 5 Item 5 Film GACERTIFICATE OF DEATH
7 E 82		CEASED NAME First Middle Lost 20 DATE OF DEATH 25 HOUR
ours ofter death by the fuaerol gage 1 and 2 ours offer death	(	ype or print) WILLIAM SETCH WILLS Month Day 1968 M
on a	3 51	
to a sec		ast birthdoy] MONTHS DAYS HOURS MAN
S ( 5 )	70	SIRTHPLACE (State or fareign   7b. CITIZEN OF WHAT COUNTRY?   8. MADDIEN   9. COUNTY OF DEATH
-/ c 15/	COL	MORNIED MARKIED
oodbe Bull July	10 (	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120 USUAL OCCUPATION (Kind of work done   120, KIND OF BUSINESS OR
within	10 4	Que street address)   during most of working the even firefued   INDUSTRY
		GARAL LASTON HOME NEEDWOOD FARME POLATER FORMAND
pplet car /ent/	13a. adm	USLAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 138 INSIDE CITY LIMITS? 13e STREET AND NUMBER SSIGN) STATE 13b COUNTY
compl compl ove cr		MARYLAND TALBET N. CASTONIS NOW
ne executed the ond complete remove carb in ony event, in	14.	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost
n o n o din		N. MERENNE WILLEMINE DETH
PHYSICIAN: The low requires that the deoth certificate be executed with in the hospital or othending physicion. This certificate has been signed by the ottending physicion and complete the stocked for use as the burial-transit permit. Then please remove carbs to Dept. of Health prior to burial, cremation, or removal, and in any event, with	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES?  es, no, or up (videwn) (If you give wor or dates of service)  Address
tific vol.	'	es, no, or unitation (it yes give wor or dates of service) 412-10-5556 MRS WMS. WILLIS TARAL EASTON
E Paris		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) )  APPROXIMATE INTERVAL BEDITLEN ONSEL AND DEATH
oth offirm		PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Concernations  Como
de de comparte de		DUE TO, OB AS A CONSEQUENCE OF
the of the artio		Conditions if any which gove
y th		rise to immed ate cause (o),
d b Trr.		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires that the physicion. signed by the burial-transit purial, cremati		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(d)
g por se de		THE TEMPORAL CONTINUES CONTINUES TO BEAR SO NOT RESIDENCE OF CONDITION SITEM IN TAKE 1(a)
din din the	<u>S</u>	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The low rotending ottending has been se os the h prior to	CERTIFICATION	CALISES OF DEATH?
e he he	E	YES NO COURRED (Enter nature of injury of Injury 1216 HOW INJURY OCCURRED (Enter nature of injury in Part 2 How 18.)
AN Color for the Hear		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)  TOTAL CONTRIBUTING CO
SIC Spit Spit ed ed	MEDICAL	(If either, not.fy medical examiner) P.M. 19
G PHYSIC the hospiral this certification of the cer		21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. ("ty or Town County State
te Carte		While Not while at work Address Bulloing, Etc.
be Sto		220. I certify that (1) (the last of the deceased from 1900, and that in (my) (our) opinion death occurred an the date and haur and from the
R: A Bed		causes stated above, (1) (we) (did) (did not) view the bady after death.
Short Short		REPA SIGNATURE \ MAA IMAC \ \ 22c DATE SIGNED
OR ATTENDING PHYSICIAN: The low requires the be retoined by the hospital or oftending physicion. DIRECTOR: After this certificote has been signed by le 3 should be detoched for use os the burial-trared with the Stote Dept. of Heolth prior to burial, crea		Scal with the physical of Degree Physical Director in Staff in 1916 &
N C		22d. PHYSICIAN'S 22e. ADDRESS
mo mo		NAME (Type) Robert M. ME Janala M.D. S. Hanson St., Easton, Md.
Page 4 may be retained by the hospital or ottending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the stole Dept. of Health prior to	230	TIR AUSCREMATION 23h DATE 123c NAME OF CEMITERY OR CREMATORY 123d 10(ATION (City or Town) (County) (State)
H D G S	200	REMOVAL (Specify)
(40)	24.	FUNERAL DIRECTOR & LOS REGISTRAR SIGNATURE
VR A 13 (4) 30M REV 1/68		MEDICERAL Courte Dec JUL 15 1968 Actionles Inser



HEALTH DEPT.  1. DECEASED NAME (Type or Print)  3. SEX  4. RACE  S. DATE OF BIRTH  6. AGE (In years If UNDER 24 HRS DAYS NOURS MIN.  MONTHS DAYS NOURS MIN.  Year	Yeor 2b. HOUR
HEALTH DEPT.  1. DECEASED NAME (Type or Print)  3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (in years lift under 1 YEAR if under 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DATS HOURS MIN. Month 7 Day 4 Year 1 Year Month 7 Day 4 Year 1 Year	Yeor 2b. HOUR
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years least birthday) MONTHS DAYS HOURS MIN. Month 7 Day 4 Year 1 Year	1968 10AN
> . A B	or 1948 12 A
70. BIRTHPLACE (Stote or foreign country)  75. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED Talbox	M
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of werking life even if retired)   INDUSTRE	ND OF BUSINESS OR
130. USUAL RESIDENCE (Where deceosed lived, if justifying properties 13c. CITY OR TOWN odmission) STATE lary and 13b. COUNTY last and Baltimore YES NO 5101 (rosswood And 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	, las
14. FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle  Allan H. Willson Mignonette Townsend	Lost
160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes no, or unknown) (If yes proper deceased service) winkn.  The properties of service) 17. Informant Address (Yes no, or unknown) (If yes proper deceased service) winkn.  ADDRESS Mildred Willson, Baltimore, A	nd.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL TWEEN ONSET AND GEATH
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave  iss to immediate cause (o).  (b)	
Conditions, if only, which gave isse to immediate couse (o), storting the underlying couse lost.  (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
VI W - 4 W V =	O. AUTOPSY?  YES NO P
TO DOMANY CTOD CONTRIBUTING CT	
	ty Stote
22a. I certify that I toak charge af the remains described above, held an Autopsy . Inspection . Inquiry . of death resulted fram; Natural causes . Accident . Suicide . Homicide . Undetermined manner .	and in my apinior
ACTUAL LEXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER 22b. DATE SIGNED	
EXAMINER'S  NAME (Type)  EXAMINER'S  NAME (Type)	4-68
230. BURNAL CREMATION, JOHN DATE COUNTY SOCIETY OF CREMATORY COUNTY FORMAL PH. EASTON TALBO	
VR ATSMED 10M REV. 1888 24 FUNDER E PENDING THE CONTROL OF THE PROPERTY OF THE	udge.



- ab		MARYLAND STATE DEPARTMENT OF HEALTH	
		10660 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21207) Ac 350	
		CERTIFICATE OF DEATH	2
to the funerol person of the funerol pers. Pogés I and 2 of the feeth.		CECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HO (ype or print) / Month Doy Year	UR
unerol I ond 2 er deoth		TRUNCES PROORE WOOD JULY 10 196813	2
ofter	3. 5		HRS.
rs o		TEMALE WHITE THRE 29,1912 56 YRS.	min
1		BIRTHPLACE (Stole or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
4	_	MARYLAND U. J. A WIDOWED DIVORCED DIVORCED	M
20	10.	ITY OR TOWNY OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	R
10	L	Charles Helliak fousewife Home	
31		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER	
2.0		MARYLAND LABOT LASTON ISE TO TO 4 WYEAVE	
1	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
	L	OSCAR MOORE TITA SMITH	
burios, cremation, of removol, ond		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown) (If yes give wer or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  Address	
	_	LARLED, WOOD EASION, MID	-
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:	(H
		IMMEDIATE CAUSE (a) acute my oraled infacts	A
<u> </u>		DUE TO, OR AS A CONSEQUENCE OF	
\$		Conditions, if ony, which gove (b). (b).	
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		lost. (c)	
2		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	NOL	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
2	Z.	YES NO. 200. HOLE AND THE PROPERTY OF THE PROP	
	CERTIFICATION	21o. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	
	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. OFFICE BUILDING, ETC. OFFICE BUILDING, ETC.	e
	1	While Not while of work A twork	
		220. I certify that (1) (this hospital) attended the deceased from 4 - 16 . 19 68 to confidence in 19 68 that (1) (ver)	las
		saw the deceased alive an	the
		causes stated abave, (I) (we) (did) ( <del>did not</del> ) view the body after death.	
		22b. SIGNATURE  DEGREE PHYS.  DEGREE PHYS.  DIRECTOR DIRE	-
		22d. PHYSICIAN'S 22e. ADDRESS	-
1		NAME (Type) Stephen P. Carney, M.D. Easton, Maryland	
	130		
0		BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) TULL 12.68 SPRING HILL LASTON 76L.	
TIL	24.	FUNERAL BIRECTOR 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
1 6B		Moles Back Gaston Md DANUL I 5 1968 Schanles Judge	

